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ABSTRACT

This document presents the results of the National College Health Risk Behavior Survey (NCHRBS) conducted by the U.S. Centers for Disease Control (CDC) that pertain to HIV transmission. These results include sexual assault, alcohol and other drug use, and sexual behaviors. The survey was administered to a nationally representative random sample of college students. The report includes data from 4,609 undergraduate college students age 18 and over, representing a response rate of 60% overall. Report highlights include (1) 62% of respondents had sexual intercourse during the 30 days preceding the survey, while only 28% of this group reported that either they or their partner used a condom all or some of the time; (2) 41% of respondents had been taught about AIDS or HIV infection in their college classrooms; (3) in 2000, 1,688 people age 13 to 24 were reported with AIDS, bringing the cumulative total to 31,293 cases of AIDS in this age group; and (4) the overall incidence of AIDS is declining, but there has not been a comparable decline in the number of newly diagnosed HIV cases among youth. This document offers sample Campus Assessment Worksheets and Action Plan Worksheets for each of eight indicators, which form the basis of the chapters. Organization Directory and Organizations by Indicator appended. (Contains 66 references.) (NB)

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CAMPUS HIV PREVENTION STRATEGIES:

PLANNING FOR SUCCESS

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Nan W. Ottenritter
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Mary T. Hoban • Nan W. Ottenritter
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The American Association of Community Colleges (AACC) is the primary advocacy organization for the nation's community colleges. The association represents 1,100 two-year, associate degree-granting institutions and more than 10 million students. AACC promotes community colleges through six strategic action areas: national and international recognition and advocacy, learning and accountability, leadership development, economic and workforce development, connectedness across AACC membership, and international and intercultural education. Information about AACC and community colleges may be found at *www.aacc.nche.edu*.

The American College Health Association (ACHA) is the principal advocate and leadership organization for college and university health. The association provides advocacy, education, communications, products, and services, as well as promotes research and culturally competent practices to enhance its members' ability to advance the health of all students and the campus community. ACHA membership includes 900 institutions and over 2,400 individuals. Learn more about ACHA and college health at *www.acha.org*.

The BACCHUS & GAMMA Peer Education Network is an international student organization committed to the training, education and support for peer prevention programs on college campuses. The Network promotes healthy lifestyles by advocating informed, independent decision-making and respect for state laws and campus policies. Visit *www.bacchusgamma.org* to learn more.

Campus HIV Prevention Strategies: Planning for Success was developed by the American Association of Community Colleges (cooperative agreement # U87/CCU312252), the American College Health Association (cooperative agreement # U87/CCU312254), and The BACCHUS & GAMMA Peer Education Network (cooperative agreement # U87/CCU813673) under the Centers for Disease Control and Prevention (CDC) Program Announcement # 95032: National System to Prevent HIV and Other Serious Health Problems in Postsecondary Students. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC. Web sites and other resources identified throughout the publication are for the reader's convenience and do not represent an endorsement by the authors. Numerous online resources have been identified throughout this document. Each URL was verified for accuracy March 2003 but may be subject to change.

American College Health Association

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How can campuses reduce HIV infection and promote the health and well being of students?

The American Association of Community Colleges, the American College Health Association, and the BACCHUS and GAMMA Peer Education Network, funded through a cooperative agreement with the Centers for Disease Control and Prevention, worked together to address that question. *Campus HIV Prevention Strategies: Planning for Success* is a result of those efforts.

Thanks go to Richard Sawyer of the Academy for Educational Development for his assistance in constructing the framework of the eight indicators. Thanks also to all of our national higher education and campus colleagues who work tirelessly to improve the lives of their students. Their community partners also deserve our gratitude for their willingness to collaborate with our institutions to shape a vision for campuses and communities alike.

This book was designed to challenge your thinking. It describes an environmental approach to HIV prevention and health, provides examples from a variety of campuses, and lists resources for both information and possible collaborative work. May this inform your work and help you on your way.

Final thanks go to the many individuals, both deceased and living with HIV, and the students who have taught us so much.

The following is a list of acronyms and abbreviations used throughout this publication.

A/PIs	Asian/Pacific Islanders
ADA	Americans with Disabilities Act
AI/AN	American Indians/Alaskan Natives
AIDS	Acquired immunodeficiency syndrome
ASO	AIDS service organization
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CPG	Community planning group
DASH	Division of Adolescent and School Health (CDC)
DHAP	Division of HIV/AIDS Prevention (CDC)
DOE	US Department of Education
DOJ	US Department of Justice
DOL	US Department of Labor
FERPA	Family Educational Rights and Privacy Act
GLBTQ	Gay, lesbian, bisexual, transgender, and questioning
HBCU	Historically black colleges and universities
HHS	US Department of Health and Human Services
HIV	Human immunodeficiency virus
IDU	Injection drug user
MSM	Men who have sex with men
NCHRBS	National College Health Risk Behavior Survey (CDC)
NCWSV	National College Women Sexual Victimization [study]
NPIN	National Prevention Information Network (CDC)
OSHA	Occupational Safety and Health Administration
PK-12	Pre-kindergarten through 12th grade
PK-16	Pre-kindergarten through college
SRW	Sexual Responsibility Week
STDs	Sexually transmitted diseases
STIs	Sexually transmitted infections
YRBS	Youth Risk Behavior Survey (CDC)
YRBSS	Youth Risk Behavior Surveillance System

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An Ambulance Down in the Valley

T'was a dangerous cliff as they freely confessed,
Though to walk near its edge was so pleasant,
But over its edge had slipped a Duke,
And full many a peasant.
So the people said something would have to be done,
But their projects did not at all tally.
Some said, "Put a fence around the edge of the cliff,"
Others, "An ambulance down in the valley."

The lament of the crowd was profound and loud,
As their hearts overflowed with their pity;
But the ambulance carried the cry of the day,
As it spread to the neighboring cities,
So a collection was made to accumulate aid,
And dwellers in highway and alley,
Gave dollars and cents not to furnish a fence,
But an ambulance down in the valley.

"For the cliff is all right if you're careful", they said,
"And if folks ever slip and are falling;
It's not the slipping and falling that hurts them so much,
As the shock down below when they're stopping."

And so for the years as these mishaps occurred,
Quick forth would the rescuers sally,
To pick up the victims who fell from the cliff,
With the ambulance down in the valley.

Said one in his plea, "It's a marvel to me
That you'd give so much greater attention,
To repairing results than to curing the cause;
Why you'd much better aim at prevention.
For the mischief of course, should be stopped at its source;
Come friends and neighbors let us rally!
It makes far better sense to rely on a fence,
Than an ambulance down in the valley."

"He's wrong in his head," the majority said.
"He would end all our earnest endeavors.
He's the kind of a man that would shirk his responsible work,
But we will support it forever.
Aren't we picking up all just as fast as they fall,
And giving them care liberally?
Why, a superfluous fence is of no consequence,
If the ambulance works in the valley."

Now this story seems queer as I've given it here,
But things oft occur which are stranger.
More humane we assert to repair the hurt,
Than the plan of removing the danger.
The best possible course would be to safeguard the source,
And to attend to things rationally.
Yes, build up the fence and let us dispense,
With the ambulance down in the valley.

Joseph Malins, 1895

Introduction

"An Ambulance Down in the Valley," written by American poet Joseph Malins more than 100 years ago, reflects the current struggle between prevention programs and clinical services for resources. Western medicine has conquered many infectious diseases; yet others, such as HIV (human immunodeficiency virus) infection and AIDS (acquired immunodeficiency syndrome) remain a challenge.

Today, we know the leading causes of death can be mitigated by adopting healthy behaviors, yet we must go further. Improving the health of our nation depends not only on individuals making personal decisions about their health behaviors but also on building communities that value and support healthy choices.[1]

Higher education can play an important role in changing the health care paradigm from responding to illness to preventing illness by promoting healthy behaviors and creating environments that support health. In the fall of 1999 there were 12.7 million undergraduate, 1.8 million graduate, and more than 300,000 professional students enrolled full or part time in colleges and universities in the United States.[2] Building a campus environment that promotes and supports healthy behaviors can have a substantial impact on students and their life spans as well as on the overall health of the nation.[1] This document provides higher education professionals with a framework for assessing and improving HIV prevention efforts on their campuses.

The Connection Between Health and Education

Academic communities play a significant role in addressing the nation's health problems. They may perform basic research that guides local, state, and national policy and train students for practical work in health and education.[3] They may also deliver medical services to the community and provide health care services to students and staff. The recreational, cultural, and

educational opportunities offered on a campus may also contribute to improved mental and physical health.

The Harvard-based National Committee on Partnerships for Children's Health, funded by the US Centers for Disease Control and Prevention (CDC), is encouraging institutions to become part of a systematic effort to improve the health of young people within communities and on campuses across the United States. Deutsch[3] of the Harvard School of Public Health challenges the traditional way of thinking about and spending money on health as if "health" were primarily the treatment of illness. Health is a broader concept that goes beyond the absence of disease. Deutsch offers the following:

- Health and education are closely related, active enterprises. People need to be healthy and safe in order to learn, and they need to learn to be healthy and safe.
- Health is not instinctive, it is learned. People learn slowly and incrementally, through hands-on experience.
- Health is profoundly social and depends on cultures and environments far more than on individual lifestyle choices. Educational institutions can create environments that encourage healthy practices among students, faculty, staff, and administrators, knowing that, in turn, they all influence many other people.
- In addressing behavioral health issues, there are also important emotional, mental, moral, and spiritual dimensions to address.
- When health is broadly defined, it is apparent that a great many disciplines can contribute to healthy environments.

Thus, the task before us in linking health and education is "to help learners articulate and examine their attitudes, intentions, and resistances; and then, build skills on the resolution of the contradictions and inconsistencies we all carry."[3]

Students, parents, and other members of society expect institutions of higher education to provide an environment that protects students from harm and promotes learning, retention, and healthy behaviors. The good news is that, in certain health domains, most postsecondary students are making healthy choices. For example, most college students are not smokers or heavy drinkers.[4] Yet, in the case of alcohol use, the students who are heavy drinkers (fewer than half) not only can affect their own health and academic performance but also can have negative effects on people around them.[5] Additionally, most college students do not protect themselves against sexually transmitted diseases (STDs).[4] The goal of campus health promotion programs is to minimize risk behaviors and their negative effects while building an environment that supports and encourages healthy behavior choices.

CDC Efforts to Improve Student Health

As early as 1974, the CDC began working with schools to improve health education efforts. These efforts were broadly expanded in 1987, when the CDC began a national initiative to promote health education to prevent the spread of HIV infection. As part of a national initiative to provide effective HIV education to youth, the CDC fundéd national, state, and local education agencies; training and demonstration centers; information development and dissemination venues; surveillance; and evaluation. The initiative was expanded in 1990 to address prevention of

HIV infection and other health problems among postsecondary students.[6]

In 1989, the CDC began training teachers to implement comprehensive school health education,[6] first described by Kolbe in 1986.[7] Later renamed the Coordinated School Health Program,[8] it has the following eight components:

- Comprehensive school health education
- Physical education
- School health services
- School nutrition services
- School counseling, psychological, and social services
- Healthy school environment
- School-site health promotion for faculty and staff
- Family and community involvement in school health

Furthermore, the CDC identified the following six priority health-risk behaviors as the leading causes of morbidity and mortality among youth and adults and in 1990 established the Youth Risk Behavior Surveillance System (YRBSS) to monitor the prevalence of each of these six behaviors among youth.[9]

- Behaviors that contribute to unintentional injuries and violence
- Tobacco use
- Alcohol and other drug use
- Sexual behaviors that contribute to unintended pregnancy and STDs, including HIV infection
- Unhealthy dietary behaviors
- Physical inactivity

The YRBSS consists of national school-based surveys, state and local school-based surveys, and a national household-based survey. Using the Youth Risk Behavior Survey (YRBS) in this comprehensive system offers local, state, and national data about the health-risk behaviors of high school students and youth of high school age not enrolled in school. The YRBS also offered a common instrument for measuring progress on the national health objectives.[9]

The CDC adapted the YRBS for use with postsecondary students in 1995. CDC's National College Health Risk Behavior Survey (NCHRBS) is the first study to provide comprehensive information about key health-risk behaviors among postsecondary students. The NCHRBS was designed to measure progress toward 28 national health objectives and to monitor the six priority health-risk behaviors.[10] The survey was administered to a nationally representative random sample of college students. The report includes data from 4,609 undergraduate college students aged 18 years and older, representing a 60% overall response rate.

Only NCHRBS results that are related to HIV transmission (sexual assault, alcohol and other drug use, and sexual behaviors) are included in this document. The NCHRBS data (Table 1) are representative of undergraduate students aged 18 years and older attending 2-and 4-year colleges and universities throughout the United States.[10]

Check It Out!

Centers for Disease Control and Prevention, Division of Adolescent and School Health. Youth Risk Behavior Surveillance: National College Health Risk Behavior Survey-United States, 1995. *Morb Mortal Wkly Rep CDC Surveill Summ.* Nov 14, 1997;46(6):1-56. Document available at: www.cdc.gov/mmwr/preview/mmwrhtml/00049859.htm

TABLE 1 HIV Transmission-Related Results of the 1995 National College Health Risk Behavior Survey[10]

Risk Behavior	Result (Data represent college students nationwide, N = 4,609)
Behaviors that contribute to unintentional injuries and violence	**13.1%** had been forced to have sexual intercourse against their will during their lifetime. **33.4%** had received information about violence prevention from their college or university.
Alcohol and other drug use	**68.2%** had at least 1 drink of alcohol during the 30 days preceding the survey. **34.5%** had 5 or more drinks of alcohol on at least 1 occasion during the 30 days preceding the survey. **49.2%** had received information about alcohol and other drug use prevention from their college or university.
Sexual behaviors that contribute to unintended pregnancy and STDs, including HIV infection	**86.1%** had sexual intercourse (oral, vaginal, or anal) during their lifetime. **68.2%** had sexual intercourse during the 3 months preceding the survey. **29.6%** of this group reported that either they or their partner had used a condom during their last sexual intercourse. **79.8%** of this group had used some form of contraception the last time they had sexual intercourse. **62.4%** had sexual intercourse during the 30 days preceding the survey. **27.9%** of this group reported that either they or their partner used a condom always or most of the time. **16.6%** of this group reported they had drunk alcohol or used drugs the last time they had sexual intercourse. **35.1%** had ever been pregnant or gotten someone pregnant. **38.8%** had ever had their blood tested for HIV. **26.8%** had received information about pregnancy prevention from their college or university. **43.4%** had received STD prevention information from their college or university. **49.1%** reported they had received information about AIDS or HIV infection prevention from their college or university. **41.4%** had been taught about AIDS or HIV infection in their college classes.

The NCHRBS offers a baseline measure for Healthy People 2010 (HP2010) objective 7-3: To increase to 25% the proportion of undergraduate college and university students who receive information from their institution on each of the six priority health-risk behaviors (behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to

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unintended pregnancy and STDs, including HIV infection; unhealthy dietary behaviors; and physical inactivity.) Data from the 1995 NCHRBS indicated that 6% of undergraduate students received information on all six topics.[11]

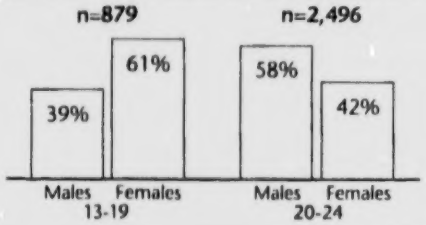
CDC FACT SHEET

Young People at Risk: HIV/AIDS Among America's Youth[12]

In the United States, HIV-related death has the greatest impact on young and middle-aged adults, particularly racial and ethnic minorities. In 1999, HIV was the fifth leading cause of death for Americans between the ages of 25 and 44. Among African American men in this age group, HIV infection has been the leading cause of death since 1991. In 1999, among black women 25-44 years old, HIV infection was the third leading cause of death. Many of these young adults likely were infected in their teens and twenties. It has been estimated that at least half of all new HIV infections in the United States are among people under 25, and the majority of young people are infected sexually (Rosenberg PS, Biggar RJ, Goedert JJ. Declining age at HIV infection in the United States [letter]. *New Engl J Med* 1994;330:789-90).

In 2000, 1,688 young people (ages 13 to 24) were reported with AIDS, bringing the cumulative total to 31,293 cases of AIDS in this age group. Among young men aged 13- to 24-years, 49% of all AIDS cases reported in 2000 were among men who have sex with men (MSM); 10% were among injection drug users (IDUs); and 9% were among young men infected heterosexually. In 2000, among young women the same age, 45% of all AIDS cases reported were acquired heterosexually and 11% were acquired through injection drug use. Among both males and females in this age group, the proportion of cases with exposure risk not reported or identified (26% for males and 43% for females) will decrease and the proportion of cases attributed to sexual contact and injection drug use will increase as follow-up investigations are completed and cases are reclassified into these categories.

Distribution, by Sex, for HIV Infection Cases Reported Among Persons Aged 13-19 and 20-24 from 34 Areas in 2000



Surveillance data analyzed from 25 states with integrated HIV and AIDS reporting systems for the period between January 1996 and June 1999 indicate that young people (aged 13 to 24) accounted for a much greater proportion of HIV (13%) than AIDS cases (3%). These data also show that even though AIDS incidence (the number of new cases diagnosed during a given time period, usually a year) is declining, ***there has not been a comparable decline in the number of newly diagnosed HIV cases among youth.***

Scientists believe that cases of HIV infection diagnosed among 13- to 24-year-olds are indicative of overall trends in HIV incidence (the number of new infections in a given time period, usually a year) because this age group has more recently initiated high-risk behaviors. Females made up nearly half (47%) of HIV cases in this age group reported from the 34 areas with confidential HIV reporting for adults and adolescents in 2000-and in young people between the ages of 13 and 19, a much greater proportion of HIV infections was reported among females (61%) than among males (39%). Cumulatively, young African Americans are most heavily affected, accounting for 56% of all HIV cases ever reported among 13- to 24-year-olds in these 34 areas.

March 2002. Available at: www.cdc.gov/hiv/pubs/facts/youth.htm

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Additional Information on the HIV-Related Risk Behaviors of Young People

Each year, approximately eight million teenagers and young adults under age 25 are infected with STDs[13, 14] and almost one million teenage women become pregnant.[15] In his 2001 *Call to Action to Promote Sexual Health and Responsible Sexual Behavior*, former US Surgeon General David Satcher describes "the serious public health challenge regarding the sexual health of our nation." The report states that in the United States:[16]

- STDs infect approximately 12 million persons each year;
- 774,467 AIDS cases, nearly two-thirds of which were sexually transmitted, have been reported since 1981;
- an estimated 800,000 to 900,000 persons are living with HIV;
- an estimated one-third of those living with HIV are aware of their status and are in treatment, one-third are aware but not in treatment, and one-third have not been tested and are not aware;
- an estimated 40,000 new HIV infections occur each year;
- an estimated 1,366,000 induced abortions occurred in 1996;
- nearly one-half of pregnancies are unintended;
- an estimated 22% of women and 2% of men have been the victims of a forced sexual act; and
- an estimated 104,000 children are victims of sexual abuse each year.

Furthermore, the report highlights the fact that there are disparities among populations affected by each of these issues, with racial and ethnic minorities; youth; and gay, lesbian, bisexual, transgender, and questioning individuals bearing the heaviest burden. Satcher calls on us to increase awareness, implement and strengthen interventions, and expand the research base.[16] It is critical that these tasks be accomplished with a science-based approach.

Alcohol and other drugs impair judgment and contribute to risky sexual behaviors that can result in the transmission of HIV and other STDs as well as unintended pregnancy.[17] Based on their review of the literature, Kerr and Matlak recommend that "students must recognize the real dangers of being drunk in sexual situations in terms of an increased likelihood of having sex, having sex with persons not well known, having sex with multiple partners, an increased likelihood of abandonment of safer sex techniques, and an increased likelihood of sexual assault."[17] In addition, the risk for HIV infection is increased when needles are shared to inject drugs.

Although the majority of college students do not use alcohol in excess, national studies conducted by the Core Institute at Southern Illinois University, Carbondale,[18] the CDC,[10] the Harvard School of Public Health,[19] and the University of Michigan's Institute for Social Research[20] report that approximately two out of five American college students can be classified as binge drinkers. *Binge drinking* was defined as having had five or more drinks per sitting at least once in the last two weeks. Two exceptions to this definition are that the CDC measured the behavior in the last 30 days and Harvard used a different measure for women.

The 1999 Harvard School of Public Health College Alcohol Study[19] found that binge drinkers were more likely to experience problems associated with drinking than were those who did not binge. The study also found that 23% of students were frequent binge drinkers (binged more than three times in a two-week period). The frequent

bingers were seven times more likely than nonbingers to engage in unplanned sexual activity and six times more likely to not use protection when they had sex. Given that decision-making skills are impaired by drinking, HIV prevention programming must make the connection that high-risk drinking may lead to high-risk sexual behaviors and must include responsible alcohol consumption as part of the broader message.

The sexual victimization of college women, like excessive alcohol use, is an important health issue that has implications for HIV transmission. A 2000 report released by the National Institute of Justice revealed that 2.8% of female college students were the victim of rape or attempted rape during the 1996-1997 academic year. Additionally, the annual sexual victimization rate (completed and attempted rapes) was 35.3 per 1,000 female students. On a campus with 10,000 female students, this means the number of attempted rapes could be as many as 350 annually.[21] The study also found that women who frequently drink enough to get drunk are at increased risk of being sexually victimized. Sexual victimization may limit a young woman's ability to protect herself from HIV and is a critical issue on campuses.

The risk behaviors and epidemiological trends described in this chapter suggest that college students are at risk for HIV infection and other serious health problems. Institutions of higher education play an important role in protecting and promoting the health of the nation's youth and young adults.

Indicators of Success

In 1997, with funding from the CDC, personnel from the American Association of Community Colleges, the American College Health Association, and the BACCHUS & GAMMA Peer Education Network began meeting to share and synthesize the lessons learned through the funded projects. The working group's task was twofold: (1) to describe the essential elements of a coordinated campus HIV-prevention program, and (2) to provide direction for campuses in creating a healthier community. On the basis of direct field experience and other models of healthier academic environments,[7,22,23] the working group developed eight indicators to guide campuses in reviewing their HIV-prevention efforts. Although the indicators can be used to review overall campus health as well as specific health issues, in this document they are applied to HIV prevention on campuses.

- **Indicator 1—Campus Environment and Policy**

  Include language that supports a healthy campus environment in an institution's mission, vision, and values statements. Adopt, promote, and disseminate campuswide policies about HIV/AIDS and other serious health problems.

- **Indicator 2—Health Messages**

  Infuse accurate, clear, consistent, positive, and culturally appropriate health messages into the campus credit curriculum; noncredit courses, programs, and services; cocurricular programs; policies; and other education reform initiatives.

- **Indicator 3—Professional and Preprofessional Development**

  Promote professional development of campus faculty, staff, and administrators to address HIV/AIDS and other serious health problems among students.

Infuse HIV information into curricula that prepare education, health, and behavioral science professionals.

- **Indicator 4—Student Leadership**

  Train student leaders to promote the prevention of HIV and other serious health problems among other students.

- **Indicator 5—Prevention Programs**

  Adopt effective or model prevention techniques into the credit curriculum; noncredit courses, programs, and services; cocurricular programs; and other education reform initiatives.

- **Indicator 6—Attending to Priority Populations**

  Direct culturally appropriate health messages, resources, and services to students who engage in high-risk behaviors; subpopulations that are disproportionately affected by HIV; and subpopulations with increasing incidence of HIV.

- **Indicator 7—Health Services**

  Provide comprehensive and culturally competent HIV-related health services at the campus health center or counseling center, or make referrals available to outside agencies that provide such services.

- **Indicator 8—Collaboration**

  Promote collaboration among stakeholders within the campus community, between campuses, and with community partners such as other CDC-funded organizations, other educational partners, AIDS service organizations (ASOs), social service agencies, special population groups, community-based organizations (CBOs), community planning groups (CPGs), and legislators.

How to Use This Document

This document provides a framework institutions of higher education can use to review their current practices and consider further options for preventing HIV infection and promoting student health. Each of the eight indicators forms the basis of a chapter; each chapter includes a description of the indicator, examples from campuses throughout the nation, a "Check It Out!" box that lists resources, and worksheets to use for campus assessments and action plans. The appendices include a matrix that shows national organizations and the indicators in which they have expertise as well as a directory of organizations. The following are suggestions for managing the process and maximizing use of the worksheets. (Sample worksheets are on pp 10-11.)

- Each worksheet is labeled with the indicator number and name. Campuses should choose the indicators that are most important to them and focus their work appropriately.
- Each worksheet has a space for a date. Including the date will help campuses track their progress by comparing one point in time with another.

- There are two worksheets for each indicator: a campus assessment and an action plan. Campuses can use them to critically assess their current state and then strategically plan for improvement.

Campus Assessment Worksheet Instructions

- **N/A** (not applicable)—The item is not relevant to the campus. Analysis stops.
- **Yes**—The item is relevant and present. Analysis continues.
- **No**—The item is relevant, but not present. Analysis continues.
- **Sources of Evidence**—How the campus *knows* about the particular item. Common sources include campuswide surveys; focus groups; examination of campus documents such as course catalogs, syllabi, accreditation studies, and training manuals; and interviews.
- **Self-Appraisal**—Perceptions of how well the item is accomplished. For example, simply having an HIV policy is important, but it is not enough. *When* was the policy last reviewed or revised? *How* is the policy disseminated?

  5—Excellent

  4—Very good

  3—Good

  2—Fair

  1—Poor

- **Comments**—Anything the reviewers consider important, such as comments about campus climate and context, resources, and feasibility.
- **Action**—Is action required: if so, how quickly?

  1—Action is needed within one year. Use the action plan worksheets to address the required activities.

  2—Action is needed, but not within one year. Consider using the action plan worksheets to address the required activities.

  3—No additional or special action is needed. Maintain current activities.

- **Blank Rows**—Can be used to add items that are important to a campus.

Action Plan Worksheet Instructions

- **Activity**—Should be clearly stated and measured. The level of detail to use here depends on the campus and the particular task. For example, designing and implementing policy is a complex process that requires including important stakeholders and much thoughtful discussion. The sample worksheet shows simple as well as detailed versions for revising an HIV policy. Be sure to use the type that is most appropriate for your setting.
- **Lead Persons**—Those who consent to accomplish a particular task and who will be held accountable.
- **Due Date**—Provide an end point for accomplishing certain actions so the campus can see and assess progress.
- **Comments**—Anything reviewers consider important. Entries may include strategies to be used, important personnel to be included, histories of similar endeavors, and thoughts to keep in mind.

For your convenience, duplicates of the worksheets contained in each chapter can be found on perforated pages beginning on page 121.

This sample shows how to complete the campus assessment.

Date: _____

Sample Campus Assessment Worksheet

Indicator 1: Campus Environment and Policy

General Health Policy Issues	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
10. Does the institution have policies that address the health of the campus community in the following areas?					
• HIV/AIDS	Yes	• Catalog • Web site • Informal student poll in psychology classes	2	• Last revised 1992 • Protects students but not faculty and staff • Person previously responsible left campus in 1995; no one appointed to review and revise • Few students polled knew the policy existed	2
• Alcohol/tobacco/other drugs	Yes	• Catalog • Web site • Annual mailing to students	5	• Policy is clear and meets federal guidelines • Updated annually by president appointed committee	3
• Sexual assault	No	• Have no documentation • Campus judicial records	1	• Two assaults last year—need to identify campus mechanisms for reporting • Need staff training • Campus liability in absence of policy	1

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

This sample shows how to complete the action plan.

Date: _____

Sample Action Plan Worksheet

Indicator 1: Campus Environment and Policy

Action	Lead Person	Due Date	Comments
1. Develop sexual assault policy	Judy Miller *(Counseling Center)* Phyllis Shaw *(Campus Judicial Programs)*	1/15/03	• Recruit policy development committee with representation from campus health services, counseling center, campus judicial programs, women's center, campus police, campus housing, students, and local sexual assault center • Update campus publications as appropriate • Train resident life and other relevant staff on new policy • Dissemination plan requires money
2. Revise HIV policy *(simple version)*	Rashad Jackson *(Campus Health Services)*	1/15/03	• New wellness director will be a roadblock if not included in this process • Have campus attorney review policy • Have handouts for first day of classes • Be sure to include students on the committee
2. Revise HIV policy *(detailed version)* • President designates a lead person • Lead person convenes committee • Samples are reviewed and first draft is completed and disseminated • Policy is rewritten • Policy is reviewed by campus attorney • Policy presented to trustees for approval • Approved policy is disseminated to students during orientation and included in all publications	To be determined	4/1/03 5/15/03 9/1/03 10/2/03 11/23/03 12/5/03 1/15/03	• New wellness director will be a roadblock if not included in this process • Have campus attorney review policy • Have handouts for first day of classes • Be sure to include students on the committee

INDICATOR 1

Campus Environment and Policy

Include language that supports a healthy campus environment in an institution's mission, vision, and values statements. Adopt, promote, and disseminate campuswide policies about HIV/AIDS and other serious health problems.

Campus Environment

Mission, vision, and values statements demonstrate an institution's commitment to student health and set the tone for building a healthy campus community. Although the statements may not specifically include the terms "health" or "health promotion," connections to the healthy development and well-being of students can usually be identified. Adopting statements that promote a healthy campus community will provide guidance for program direction and implementation.

Postsecondary institutions have a responsibility to create an environment that is safe and supportive for all students. Mechanisms for building a healthy campus environment include establishing a task force, enforcing a code of student conduct and nondiscrimination policies, allocating funding for health promotion programs, and using environmental interventions. Environmental interventions include campus housing opportunities that support healthy lifestyle choices, such as wellness halls or substance-free housing; condom availability; and alcohol-free social events.

Policies

A campus may have health-related policies that address alcohol and other drugs, tobacco, sexual assault, HIV/AIDS, drug testing of student athletes, and other priority health issues. Such policies must be clear to ensure that the entire campus community understands them, their importance, and the consequences of noncompliance. Students,

faculty, staff, and administrators must understand their roles in and responsibilities for implementation and compliance. Policies are sometimes applied inconsistently, which weakens their effectiveness. Timely and consistent enforcement is critical. In addition, policies need to be reviewed and revised frequently to keep them current with evolving knowledge and practices.

Regardless of the content area, health-related policies should address the following:

- Campus regulations, enforcement, sanctions, and reporting mechanisms
- Campus and community resources and referrals
- Provision of programs/prevention/environmental interventions

The following issues should also be considered for inclusion in a campus HIV/AIDS policy:

- Athletic and intramural sports participation
- Confidentiality
- Condom availability
- Counseling, testing, and referral services
- Discrimination
- Education and prevention interventions
- Housing
- International education and other travel issues[24]
- Personnel
- Services for HIV-infected persons
- Staff training on blood-borne pathogens and universal precautions

Compliance

Campuses should ensure that their HIV/AIDS and other relevant policies comply with local, state, and federal guidelines and regulations. (See Indicator 1 worksheet for a list of these guidelines.) It is important that legal staff review campus HIV policies regularly for compliance.

Examples from the Field

Mission Statement That Supports Campus Health

The following excerpt from a campus mission statement shows how students' health and well-being can be incorporated into an institution's academic goals:

> *Florida International University (FIU) is an urban, multi campus, research university serving Southeast Florida, the state, the nation and the international community by imparting knowledge through excellent undergraduate and graduate teaching, by creating new knowledge through research, and by promoting public service.*

Five strategic themes guide the University's development: International, Environmental, Urban, Health, and Information. We focus on these themes with a commitment to quality management and cultural diversity.

The University's priorities are to graduate a well educated, technologically sophisticated, ethnically diverse student body, who can think critically about a changing world; to continue to enhance undergraduate teaching while broadening graduate and professional programs; to promote research and creative activities which contribute to the social, artistic, cultural, economic, environmental, scientific and technological foundations for the 21st century; and to solve critical social, educational, environmental, health and transportation problems through applied research and service.

These strategic themes and priorities guide our pursuit of recognition as one of America's top 25 public urban research universities while maintaining the highest quality of undergraduate programs.[25]

Florida International University

HIV Policy

The University of Arizona's policy on HIV infection is a good example of a comprehensive, clear, and concise HIV policy:[26]

The University of Arizona
Policy on Human Immunodeficiency Virus (HIV) Infection

Effective Date: December 4, 1998 **Approved By:** University President
Contacts: Harry McDermott, M.D., Campus Health Service;
Sue Kroeger, Disability Resource Center

PURPOSE:

1. To restate The University of Arizona's policies assuring non-discriminatory services to persons with HIV infection in all University programs and activities,
2. To create an aware, sensitive climate in the campus community which is inclusive of persons with HIV infection, and
3. To reduce the occurrence of HIV infection through active, effective educational programs.

GUIDELINES:

1. The University shall follow all relevant health and safety guidelines as issued by the Arizona Department of Health Services, the Occupational Safety and Health Administration (OSHA), and other appropriate agencies. Relevant employees will receive appropriate training. The University will seek current guidance from reliable medical sources, such as the Centers for Disease Control and Prevention, when specific information is needed.
2. Confidentiality of all student and employee records shall be maintained in accordance with all applicable federal, state, and local law, including the Family Education Rights and Privacy Act of 1974 (FERPA) and the Americans with Disabilities Act of 1990 (ADA), as well as all applicable Arizona Board of Regents (ABOR) and University policies. In accordance with these laws and policies, medical records will be maintained separately from student education records or employee personnel files.
3. Persons with HIV infection shall be accorded the same treatment as other students, employees, and members of the public, except to the extent different treatment is required when:
   - A reasonable accommodation has been requested and approved consistent with the ADA or University policy, or
   - A direct threat to the health or safety exists to the person and/or others as defined and limited by the Americans with Disabilities Act. In these rare cases, the University's disability and nondiscrimination procedures will be followed prior to any such unique treatment.
4. Appropriate University units will work cooperatively to conduct effective educational programs creating awareness about HIV infection, its modes of transmission and prevention, and increased sensitivity to persons with HIV infection.
5. Persons with HIV infection who are requesting a reasonable accommodation to the University policies and procedures or other accommodations may contact the ADA/504 Coordinator for information or assistance.
6. Persons who believe they have been discriminated against on the basis of HIV infection are protected under University policies of nondiscrimination and may contact the Affirmative Action Office to file a complaint or for other assistance.
7. The President of the University shall appoint a person whose responsibility shall be to assure and coordinate the implementation of these guidelines.

Check It Out!

Higher Education Policy Resources

Epstein J. The higher education amendments. *Prevention Updates*. Newton, MA: The Higher Education Center for Alcohol and Other Drug Prevention, January 1999. Document available at: www.edc.org/hec/pubs/prev-updates/higher-ed-amend.html.

US Department of Education (DOE). Family Educational Rights and Privacy Act of 1974 (FERPA). Web site available at: www.ed.gov/offices/OM/fpco/ferpa/index.html.

US DOE. Safe and Drug Free Schools Program. Web site available at: www.ed.gov/offices/OESE/SDFS/index.html.

US DOE. Improving America's Schools Act of 1994. Document available at: www.ed.gov/legislation/ESEA/toc.html.

US DOE. Higher Education Amendments of 1998. Web site available at: www.ed.gov/offices/OPE/PPI/Reauthor.

US DOE. Campus Security. Web site available at: www.ed.gov/offices/OPE/PPI/security.html.

Wessler S. & Moss M. *Hate Crimes on Campus: The Problem and Efforts to Confront It*. US Department of Justice (DOJ), Office of Justice Programs. Washington, DC: US Department of Justice; October 2001. Available online at: www.ncjrs.org/pdffiles1/bja/187249.pdf.

Health Policy Resources

CDC. Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome. *Morb Mortal Wkly Rep*. Dec. 10, 1999; 48(RR-13). Document available at: www.cdc.gov/epo/mmwr/preview/mmwrhtml/rr4813a1.htm. Document also available at: ftp.cdc.gov/pub/Publications/mmwr/RR/RR4813.pdf.

CDC. Updated US Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV, and Recommendations for Postexposure Prophylaxis. *Morb Mortal Wkly Rep*. June 29, 2001; 50(RR-11). Document available at: www.cdc.gov/mmwr/PDF/rr/rr5011.pdf.

Centers for Medicare and Medicaid Services (CMS). Health Insurance Portability and Accountability Act of 1996 (HIPAA) Page. Web site available at: cms.hhs.gov/hipaa.

OSHA. Bloodborne Pathogens. Web site available at: www.osha-slc.gov/SLTC/bloodbornepathogens/index.html.

US Department of Justice (DOJ). Americans with Disabilities Act (ADA). Web site available at: www.usdoj.gov/crt/ada/adahom1.htm.

US Department of Labor (DOL). Consolidated Omnibus Budget Reconciliation Act (COBRA) Resources. Web site available at: www.dol.gov/dol/topics/health-plans/cobra.htm

US DOL. Family and Medical Leave Act of 1993 (FMLA). Document available at: www.dol.gov/esa/regs/statutes/whd/fmla.htm.

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet

Indicator 1: Campus Environment and Policy

Campus Environment	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Does the institution's mission, vision, and value statements address student development and well-being?					
2. Does the institution encourage a campuswide commitment to healthy behaviors?					
3. Are there established protective measures that ensure the safety of those in the school environment?					
4. Is the campus climate safe and supportive of members of sexual, racial/ethnic, and other minority groups?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Campus Environment	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
5. Does the campus nondiscrimination policy protect individuals based on the following? • Disability status • HIV status • Sexual orientation					
6. Is there a mechanism to monitor complaints and ensure compliance with the nondiscrimination policy?					
7. Are health promotion programs adequately funded?					
8. Does the campus support the work of HIV and other health-related task forces or committees?					
9. Does the campus offer environmental interventions that support the health and well-being of the campus community?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

General Health Policy Issues	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
10. Does the institution have policies that address the health of the campus community in the following areas? • HIV/AIDS • Alcohol, tobacco, and other drugs • Sexual assault					
11. Is there a plan for periodic review of the policies?					
12. Is there a mechanism to monitor complaints of policy violation and suggestions for policy changes?					
13. Do policies address the following? • Campus regulations, enforcement, sanctions, and reporting mechanisms • Campus and community resources and referrals • Programs and prevention interventions					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

HIV-Specific Policies	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
14. Do HIV or other appropriate policies address the following issues as they relate to HIV? • Athletic and intramural sports participation • Confidentiality • Condom availability • Counseling, testing, and referral services • Discrimination • Education and prevention interventions • Housing • International education and/or other travel issues[24] • Personnel • Services for HIV-infected persons • Staff training on blood-borne pathogens and universal precautions					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Compliance	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
15. Do campus health-related policies and procedures comply with the following? • Family Education Rights and Privacy Act of 1974 (FERPA). US Dept. of Education • Safe and Drug-Free Schools and Communities Act (Title IV of Improving America's Schools Act of 1994). US Dept. of Education • Higher Education Amendments of 1998 (HR6). US Dept. of Education • Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). US Dept. of Labor • Americans With Disabilities Act of 1990 (ADA). US Dept. of Justice					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Compliance	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
15. (continued) Do campus health-related policies and procedures comply with the following? • Family and Medical Leave Act of 1993 (FMLA). US Dept of Labor • Health Insurance Portability and Accountability Act of 1996 (HIPAA). US Dept. of Health and Human Services • Occupational Safety and Health Administration (OSHA) regulations for blood-borne pathogen guidelines, universal precautions training, and exposure control plan. US Dept. of Labor • Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome (CDC) • Local and state HIV-reporting requirements					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 1: Campus Environment and Policy

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

INDICATOR 2

Health Messages

Infuse accurate, clear, consistent, positive, and culturally appropriate health messages into the campus credit curriculum; noncredit courses, programs, and services; cocurricular programs; policies; and other education reform initiatives.

Health messages provide information and guidance to the campus community. It is important to keep health messages accurate, clear, consistent, positive, and culturally appropriate while campus groups are developing them. When they are infused into campus credit and noncredit courses, programs, services, cocurricular programs, and other education reform initiatives (such as tech prep, critical thinking, and diversity initiatives), the messages can be an effective vehicle for preventing HIV and promoting healthy behaviors. Students, faculty, staff, and administrators can strengthen the environment by understanding their roles as messengers in promoting health and preventing disease.

Diverse Delivery Channels

There is no single best way to deliver health messages. Individuals are more likely to learn when messages are presented in multiple formats and through numerous delivery channels.[23, 27] Therefore, it is important for campus HIV-prevention programs to deliver messages through numerous channels, including people (e.g., peer educators, faculty, student opinion leaders), technology (Web sites), mass media (radio, newspaper), and the classroom (curriculum infusion). A multifaceted campus prevention program that uses a variety of these channels is more likely to be effective than any single approach would be on its own.

Broader Contexts

HIV-prevention messages that are integrated into broader health contexts, such as

alcohol and other drug curricula, pregnancy prevention, sexual assault prevention, and relationship and communication skills, are more effective than stand-alone HIV programs or messages.[27] From a marketing standpoint, HIV-prevention messages that are creatively incorporated into a program on dating may be more appealing to students than a specific program on HIV/AIDS. In addition, information about how alcohol and other drugs affect sexual decision making and the effective use of protection should be a part of both sexual health and substance abuse programming.

Positive Messages

It has been suggested that positive messages are more effective in shaping campus community alcohol use behavior than negative

MEDIA PIE[29]

Michael P. Haines, MS
Northern Illinois University

At Northern Illinois University, we, like many of our colleagues, have to evaluate flyers, ads, posters, CD-Roms, and other health messages to use with our students. Often, we find materials lacking or problematic. Many materials use scare tactics, talk down to or cause students to feel bad about themselves. PIE can be used to evaluate media that you are considering for your wellness program. Media which fails to meet any one of these criteria could be "illness" media and should be avoided.

POSITIVE

beneficial, constructive, affirmative, hopeful, optimistic

Positive media contain achievement messages and define what the population should do. They demonstrate protective strategies and model healthy behaviors. They describe a reward or benefit for those who participate in the behavior. These messages nurture and support. They leave the audience feeling good about themselves and the message content.

INCLUSIVE

incorporating, embracing, involving, comprehensive

Inclusive media has a message for everyone in the target population. No one is excluded from access to wellness. There is intentional wording and choice of graphics to include the entire cultural and behavioral spectrum represented in the target population. Special attention is given to separate wellness messages from personal morality, partisan politics, legal arguments, and sectarian religion. There are non-judgmental protective messages for abstainer, user, and abuser; for celibate, monogamous, and promiscuous; for skinny, fat, and in-between.

EMPOWERING

them/potent, controlling, energizing, strengthening

A compound word meaning to provide for them command over their condition. Empowering media encourages people to act on their own behalf to solve problems and supports them in taking charge of the problem solving process. Messages should identify resources and access to self-care. Wellness media provide models; people just like the target population, who demonstrate health positive behaviors. Avoid health messages that tell people they are powerless victims. These messages drain energy, eliminate power, and neutralize strength.

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messages or traditional scare tactics. Haines states four rules of message development: (1) keep it simple, (2) tell the truth, (3) be consistent, and (4) highlight the norm of moderation.[28] It is unclear whether the use of positive messages has the same effect on sexual behavior, but several studies are under way to examine that relationship.

Cultural Appropriateness

Because it is unlikely that any one message will be appropriate for all campus audiences, health promotion planners need to be knowledgeable about the various audiences and their prevention needs. This knowledge may be acquired through institutional enrollment data, student surveys, local epidemiological data, and focus groups. It is critical that this knowledge be used to develop HIV-prevention messages that use language, graphics, and images that include people of different racial and ethnic groups, sexes, sexual orientations, religions, and other demographics. (See Indicator 6-Attending to Priority Populations.)

Curriculum Infusion

Curriculum infusion, a teaching strategy that applies particular content to concepts in unrelated disciplines, is a useful tool for integrating health messages into the curriculum. In addition to bringing real-life relevance to education, this approach can be used to reach students who would not be reached by traditional programming, such as commuter and part-time students. For example, a student who does not take a health course or participate in a wellness fair might learn about HIV/AIDS through completing a statistics assignment that compares local, state, national, and international surveillance data about the disease.

Competing Messages

It is not enough to craft messages that promote health and prevent HIV; we must also be mindful of messages that contradict our efforts. The goal of encouraging environmental support for student health through strong, clear policies, programs, and educational opportunities can be thwarted by seemingly unrelated events. Health promotion planners have a responsibility to assess the campus community for competing messages. This assessment may include reviewing advertising in the campus newspaper, items for sale at the campus bookstore, or tee-shirts that student groups develop for campus events. For example, the campus newspaper may be advertising high-risk drinking promotions, or the bookstore may have posters that imply that high-risk drinking is a norm for college students. A student organization may develop tee-shirts that depict high-risk behaviors associated with a college-sponsored event. Although such examples may seem minor, they can send a message that promotes or normalizes high-risk behavior and competes with health promotion messages. A thorough review of the campus climate is crucial in developing strategies to mitigate or eradicate negative messages and in supporting and promoting healthy lifestyles.

Examples from the Field

Sexual Responsibility Week

Many campuses offer a variety of sexual health awareness activities around Valentine's Day. One such activity, *Sexual Responsibility Week (SRW)*, allows health messages to be delivered across the campus in a variety of media, for example:

- Peer educators providing education programs in residence halls and classrooms
- Health services offering special hours for HIV, STD, and pregnancy testing
- Health services offering an open house for men's and women's clinics
- Health services promoting condom availability throughout campus
- Counseling center introducing a support group for lesbian, gay, and bisexual students
- Campus newspaper carrying an SRW-themed cartoon series
- Fraternity and sorority members participating in a service project at an HIV hospice
- Public service announcements airing on campus radio and television stations
- English composition students writing an essay on what being a sexually responsible individual means to them

Check It Out!

AIDS Action. *Talking About AIDS So America Listens: A Handbook for Communicating About Today's Epidemic*. Contact information available at: www.aidsaction.org.

CDC Office of Communication. HealthComm KEY (Health Communication Research). Web site available at: www.cdc.gov/od/oc/hcomm/hcomm_about.html.

Center for Substance Abuse Prevention. Identifying the target audience. *Technical Assistance Bulletin*, June 1997. Document available at: www.health.org/govpubs/ms700.

Health Canada. The Social Marketing Network. Web site available at: www.hc-sc.gc.ca/hppb/socialmarketing/index.html.

University of South Florida, Community and Family Health. Social Marketing Internet Resources. Web site available at: med.usf.edu/~kmbrown/Social_Marketing.htm.

Weinreich Communications. Social-Marketing.com. Web site available at: www.social-marketing.com.

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet

Indicator 2: Health Messages

HIV-Prevention Messages	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Does the institution have prevention messages addressing the following? • Sexual behaviors that contribute to unintended pregnancy and STDs, including HIV infection • Alcohol and other drug use • Sexual assault					
2. Are prevention messages conspicuously available on campus?					
3. Are prevention messages accurate?					
4. Are prevention messages clear?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

(Worksheet Continued) — Indicator 2: Health Messages

HIV-Prevention Messages	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
5. Are prevention messages consistent throughout the institution?					
6. Are prevention messages tailored to reach specific at-risk populations?					
7. Are prevention messages culturally appropriate for the intended audiences?					
8. Are prevention messages delivered in a variety of formats?					
9. Are HIV-prevention messages integrated into broader contexts, such as sexual health and substance abuse?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

HIV-Prevention Messages	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
10. Are prevention messages positive, inclusive, and empowering?					
11. Are prevention messages infused across the curriculum?					
12. Do other campus messages compete with or contradict HIV prevention messages?					
13. Are HIV-prevention messages consistent with the mission of the institution? (See Indicator 1.)					
14. Do HIV-prevention messages use effective approaches? (See Indicator 5.)					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 2: Health Messages

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

INDICATOR 3

Professional and Preprofessional Development

Promote professional development of faculty, staff, and administrators to address HIV/AIDS and other serious health problems among students. Infuse HIV/AIDS information into curricula that prepare education, health, and behavioral science professionals.

In this chapter, the term *professional development* applies to the group of professionals who provide services on campus: teaching, student services, administrative, and support personnel. In short, it applies to anyone in a professional leadership position at the college. *Preprofessional development* applies to the educational experience of students who are preparing to be education, health, and behavioral science professionals. This is also known as *preservice education*.

Interventions for campus personnel

Faculty, staff, and administrators provide important leadership and can be role models for student behavior. Professional development is key to helping these professionals understand their potential impact on students and their role in building a healthy campus. They should be given information about policies, health promotion strategies, and their responsibilities through professional development mechanisms.

Faculty, staff, and administrators can assume many roles as part of the health promotion team. When a student initiates a discussion of personal health issues, it is important for campus personnel to be able to talk about the issues and make appropriate referrals; to do so, faculty, staff, and administrators need to be comfortable with students' personal and cultural differences as well as with the sensitive topics related to HIV risk behaviors. An institution can

facilitate this comfort by giving campus professionals opportunities to evaluate their own health risks, attitudes, intentions, and resistances. Training opportunities that address diversity can also enhance program implementation and effectiveness. A campus should have a system that allows personnel who are not comfortable providing information, or who recognize a need for information or services beyond what they can provide, refer students elsewhere for help.

Training of campus personnel and ongoing communication are also critical for delivering consistent health messages (Indicator 2). Updates on general health information, campus and local service providers, and prevention programs should be shared with campus employees on a regular basis. Faculty, staff, and administrators can be reached in a number of different ways, including new employee orientation, newsletters or other regular publications, handbooks, Web sites, and in-service training opportunities. In addition, specialized training should be offered to personnel who may be working directly with persons with HIV, such as staff in the athletic department, campus health services, campus ministries, the counseling center, disability support services, employee assistance programs, Greek system, human resources, resident life, and sexual assault services.

Universal precautions training is another important aspect of professional development programs. This training should be provided to any staff who come into contact with body fluids or materials that could transmit blood-borne diseases, such as athletic trainers, health service staff, and custodial staff. Training on handling potentially infected material must start with new employee orientation and be repeated on a regular basis. Campuses should review Occupational Safety and Health Administration (OSHA) guidelines to ensure compliance.

Interventions for personnel and programs involved in preservice education of education, health, and behavioral science professionals

Public health and education professionals acknowledge the importance of shaping the context and environment of a particular campus to support health in general and HIV-prevention initiatives in particular. Yet another way to prevent HIV infection is to ensure that professionals who will be working with students and youth receive the proper knowledge and skills in their training programs. This is known as preservice education.

Pre-kindergarten through 12th grade (PK-12) classroom teachers, counselors, and administrators have much to gain from preservice health and HIV-prevention education. Most importantly, schools are places of almost universal access to young people and provide educators with unique opportunities to educate students about health. Regular classroom teachers, not trained health education specialists, are the principal providers of health education at the elementary level, a level at which most health behaviors are formed. In addition, educators have countless opportunities outside the formal classroom setting to answer students' questions and correct their misperceptions about HIV and other serious health problems. Educators also need to know about infection control in the school setting and confidentiality requirements for health information. Finally, PK-12 educators need to understand the educational, social, psychological, and medical needs of HIV-infected children and their parents.

The American Association of Colleges for Teacher Education, the American

Association for Health Education, and the United Negro College Fund Special Programs Corporation have been funded by the CDC to build capacity among higher education personnel to develop and deliver effective HIV/AIDS education and prevention programming to pre-kindergarten through college (PK-16) students. The three organizations convened the National Collaborative Pre-Service Forum on August 1-2, 1998, to discuss collaborative approaches for strengthening preservice programs to prevent HIV infection at historically black colleges and universities (HBCUs).

The following recommendations were offered by working groups at the forum:[30]

- Increase HBCU faculty involvement in national organizations working to enhance the responsiveness of allied health, elementary and secondary teacher, and social/behavioral/health education professionals
- Identify a common core of elements for HIV/AIDS curriculum development and develop preprofessional curriculum modules
- Encourage HBCU administration to actively support professional development aimed at preparing faculty in HIV/AIDS-prevention education
- Improve coordination among HBCUs to support each other and exchange strategies
- Ensure that health education and HIV prevention are included in general education, foundation, and methods courses
- Provide opportunities for understanding the prevalence and impact of HIV/AIDS in the African American community as well as the corresponding social, psychological, and ethical ramifications on youth and families

Examples from the Field

Interventions for Campus Personnel

St. Louis Community College's AIDS Task Force has ensured that a session on HIV/AIDS is offered as part of each of the biannual staff development days over the last several years. Past presentations have featured an HIV-positive speaker, information about how to infuse HIV into the curriculum, and training on using the social norms model for health promotion. Such presentations are used to help staff understand their role as part of the campus prevention team and to give them the skills necessary to fulfill that role (www.stlcc.cc.mo.us/aidstf).

The Teaching and Learning Center (TLC) of the College of DuPage offers workshops and classes for faculty, staff, and administrators. Faculty can apply TLC credits toward their professional development requirement, while classified staff can apply the credits to their required personal education plans. The school's Wellness Program offers the following health-related courses through the TLC: dealing with violence, cultural diversity, substance abuse, weight management, walking and exercising, healthy habits, and stress management (www.cod.edu).

Intervention for Preservice Teacher Education and Teacher In-service

The College of Education at the University of Hawaii at Manoa has begun the process of building interprofessional collaboration for teacher education in health. Several health-related courses were developed through collaboration among faculty from teacher education, special education, educational psychology, social work, and medicine. All elementary preservice teacher education majors are now required to take *Personal and Social K-6 Health Skills*, a skills-based course. The College of Education also offers courses to K-12 teachers, administrators, and counselors in summer institutes. Strongly supporting teacher training in health are the Hawaii Department of Education and the American Cancer Society Hawaii, Pacific, Inc.

Check It Out!

American Association of Colleges for Teacher Education (AACTE). *Everything You Wanted to Know About HIV/AIDS Prevention in the Classroom But Were Afraid to Ask: A Teacher's Interactive Journey* [video-embedded CD/ROM]. 2000. Can be borrowed free of charge for 2 months. Call 202-293-2450.

AACTE. Four Info Guides. 1998.

Info Guide 1: *Facts About HIV/AIDS and Hepatitis B.*

Info Guide 2: *When a Child is Hurt or Ill at School: What Teachers Should Know About Infection Control.*

Info Guide 3: *Schools and HIV: What Teachers Should Know About School-Based Services for HIV-Infected Children and HIV Prevention/Education.*

Info Guide 4: *Telling Tales Out of School: What Teachers Should Know About Confidentiality and Student Health Information.*

Available online at: www.aacte.org/Research/without_aids.htm.

Pateman B. *Linking National Subject Area Standards with Priority Health-Risk Issues in PK-12 Curricula and Teacher Education Programs American Association of Colleges for Teacher Education.* Washington, DC; American Association of Colleges for Teacher Education; 2001. Available online at: www.aacte.org/Research/without_aids.htm.

CDC's Business Responds to AIDS and Labor Responds to AIDS Programs (BRTA/LRTA). Web site available at: www.brta-lrta.org.

National AIDS Fund Workplace Programs. Web site available at: www.aidsfund.org.

OSHA. Bloodborne Pathogens. Web site available at: www.osha-slc.gov/SLTC/bloodbornepathogens/index.html.

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet

Indicator 3: Professional and Preprofessional Development

Professional Development	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Are there systems in place to educate faculty, staff, and administrators about the following? • Campus health-related policies • Campus health promotion strategies • Roles and responsibilities for campus health promotion • Diversity • HIV/AIDS • Other sexual health issues • Substance abuse issues • On- and off-campus resources • Referral mechanisms					
2. Is specialized HIV training offered for staff in the following areas? • Athletic department • Campus health services • Campus ministries and religious organizations					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Professional Development	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
2. *(continued)* Is specialized HIV training offered for staff in the following areas? • Counseling center • Disability support services • Employee assistance programs • Greek system • Human resources • Resident life • Sexual assault services • Other student affairs departments					
3. Is there training for appropriate students, faculty, staff, and administrators in OSHA guidelines for managing body fluids (universal precautions)?					
4. Are professional development opportunities evaluated for effectiveness?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Preprofessional Development	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
5. Are there systems in place to educate pre-service faculty, staff, and administrators about HIV prevention and related health issues? • Education • Health • Behavioral science					
6. Do programs that prepare education, health, and behavioral science professionals offer the following opportunities? • HIV/AIDS curriculum modules • Stand-alone HIV/AIDS courses • Collaborative opportunities to work with other education, government, and nonprofit organizations on HIV/AIDS as it relates to the discipline/field of study • Opportunities for HIV/AIDS-related service					
7. Are preprofessional development opportunities evaluated for effectiveness?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 3: Professional and Preprofessional Development

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

INDICATOR 4

Student Leadership

Train student leaders to promote the prevention of HIV and other serious health problems among other students.

Student involvement in promoting HIV prevention and healthy behaviors is critical throughout program planning, implementation, and evaluation. Many campuses train peer educators to conduct sexual health programs on campus. It may also be helpful to identify other student leaders who could be involved in HIV prevention, such as fraternity and sorority members, honor students, informal leaders, orientation advisors, resident life staff, student government association officers, student athletes, and student organization leaders. Training these leaders to identify, confront, and refer students who are engaging in high-risk behaviors affirms the important role they can play in campus health.

There are many ways to get HIV and other health information to student leaders. Some campuses have had success in infusing health topics into existing leadership development programs. Other campuses provide resident assistants with preservice and in-service training on campus health issues. Training efforts should include opportunities for the general student population to participate so that emerging student leaders can be identified.

Key Opinion Leaders

Key opinion leaders can be used to endorse behavior changes for their peers. This strategy, well documented by Kelly,[31] hypothesizes that community norms about risk behaviors can be influenced by key opinion leaders who adopt and support protective behaviors. In doing so, these leaders influence their peers by endorsing risk-behavior changes and promoting a healthy norm. Key opinion leaders can create positive norms by

promoting risk reduction, strengthening intentions to choose positive health behaviors, countering barriers to condom use, and defining safer sex and abstinence as accepted community norms.[31] When Grossberg and colleagues[32] applied Kelly's model in a campus setting, they found that student opinion leaders had a positive influence on increasing conversations about HIV prevention and risk reduction among students.

A word of caution about working with key opinion leaders: It is important to identify leaders who model the behavior you are trying to increase in the community. A 1995 study looking at the risk behaviors of AIDS opinion leaders on campus found that male leaders may actually be at higher risk for HIV than their nonleader counterparts. Male leaders had more sexual partners than their nonleader counterparts, whereas female leaders had sexual intercourse less often than their nonleader counterparts. Male and female AIDS opinion leaders were no more knowledgeable about, nor likely to practice, safer sex than their nonleader counterparts.[33] In some cases, opinion leaders may be leaders because of their risk behaviors rather than because of their protective behaviors.

Peer Education

Peer education programs have been on campuses for at least 25 years.[34] These programs are rooted in the understanding that students often get information about health from their peers, that messages coming from messengers who share characteristics with their audience are more believable, and that peer educators can stretch the reach of typically understaffed campus health-promotion programs.[34,35] The roles and responsibilities of peer educators vary from campus to campus. Peer educators may spend time making group presentations, providing one-on-one counseling, developing and implementing social marketing campaigns, or sponsoring alcohol-free social activities.

Variations in program focus and objectives as well as the inherent challenges of measuring behavior change make it difficult to measure the effectiveness of peer education. A consistent finding is that peer education programs seem to have a positive effect on the peer educators themselves. A 1997 study at 10 campuses[35] found an increase, but not a statistically significant one, in self-esteem, confidence, and protective sexual behaviors among participants who had served one academic year as peer educators. In addition, a 2001 national study of student peer educators involved in the BACCHUS & GAMMA Peer Education Network[36] cites four important findings:

- Peer educators make healthier choices about their own substance use and sexual behaviors.
- Peer educators believe that being a peer educator positively affects their lives.
- Peer educators believe they are positively affecting the lives of others.
- Peer educators report that they play many roles in helping others (e.g., role model, presenter or teacher, referral agent).

Training is a critical component of strong peer education programming on campus. The 2001 study of BACCHUS & GAMMA peer educators found that 46% of the students had received fewer than 10 hours of training.[36] Given that peers may deal with critical health issues such as HIV, sexual assault, alcohol abuse, and suicide, this finding is of great concern. Student peer educators need training not just in helping skills but also in health content areas. Such

training is essential in creating a peer program that positively affects the campus environment. An unpublished 1999 study by BACCHUS and the Academy for Educational Development focused on the BACCHUS & GAMMA Certified Peer Education training program. This 12-hour program was designed to give students core helping skills in the focus areas of listening, confrontation, and referral. Results indicated that students involved in this training had increased knowledge, comfort, and skills in the focus areas; that their comfort and skills in those areas lasted at least 4 months; that the students tended to increase their peer education activities in the 4 months after training; and that the number of students who participated in peer education activities in the 4 months after training had increased.

Service Learning

Service learning combines community service and classroom instruction, focusing on critical, reflective thinking as well as personal and civic responsibility.[37] Several gains occur in student leadership as a result of students' participation in service learning. A 1999 RAND Education[38] study that examined outcomes of combining service and learning in higher education found a strong correlation between students taking a service learning course and their intent to continue volunteer work, actively address social problems, and develop civic responsibility. A slightly weaker, but still significant, correlation emerged between service learning students and their interpersonal skills and understanding of people with different backgrounds. Participation in service also has a significant positive effect on students' leadership activities, self-rated leadership ability, and interpersonal skills.[39]

The Health Professions Schools in Service to the Nation program funded 20 health professions education institutions to integrate service learning into the curricula. In an evaluation of the program, students reported that service learning was professionally and personally enriching and that it had a substantial impact on their sense of self as providers of health services and as community participants.[40] Most students reported an increase in their sensitivity to diversity and in their comfort in working with people different from themselves.

Examples from the Field

Integrating Health into Leadership Training

At Oswego State University of New York, students participating in programs sponsored by the Lifestyles Center (health promotion), Residence Life and Housing, Learning Support Services, Student Athletics, Fitness Centers, Career Services, LEAD Center (leadership development), and the PEACE Institute (peer mediators) are all required to participate in BACCHUS & GAMMA Certified Peer Education (CPE) training before they assume leadership roles on campus. During the training, the students are taught valuable leadership skills and participate in exercises that focus on health issues and the needs of their fellow students. The CPE core skills can be applied to many topics; the university has chosen to emphasize the connection between student leadership, health, and academic success (www.oswego.edu/lifestyles).

Service Learning:

Northern Virginia Community College operates a Healthmobile as part of its Nurse-Managed Health Center Network. The van regularly provides health education and services to the college's five campuses and to other community sites. Rotations on the van are part of the service learning component of the nursing program and provide students with valuable professional and personal development opportunities[41] (www.nv.cc.va.us).

Check It Out!

American Red Cross. HIV/AIDS Education. Web site available at: www.redcross.org/services/hss/hivaids.

American Association of Community Colleges. Horizons Service Learning Project. Web site available at: www.aacc.nche.edu/servicelearning.

Applied and Interactive Theatre Guide. Web site available at: pages.nyu.edu/~as245/AITG.

BACCHUS & GAMMA Peer Education Network. Certified Peer Education Training Program. Contact information available at: www.bacchusgamma.org.

Jacoby B. *Service Learning in Higher Education: Concepts and Practices.* San Francisco: Jossey-Bass Publishers; 1996.

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet

Indicator 4: Student Leadership

Student Leadership	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Are students involved in planning, implementing, and evaluating HIV-prevention strategies?					
2. Are HIV training programs presented to the following student leaders on campus? • Fraternity and sorority members • Honors students • Informal leaders • Orientation advisors • Resident life staff • Student athletes • Student government association officers • Student organization leaders					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

(Worksheet Continued) — Indicator 4: Student Leadership

Student Leadership	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
3. Are students trained to identify, confront, and refer students engaging in high-risk behaviors?					
4. Are key opinion leaders (formal and informal) used to influence health behaviors on campus?					
5. Are student peer education programs offered on campus?					
6. Are opportunities for health-related service learning available and supported?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 4: Student Leadership

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

INDICATOR 5

Prevention Programs

Adopt effective or model prevention techniques into the credit curriculum; noncredit courses, programs, and services; cocurricular programs; and other education reform initiatives.

The selection of prevention strategies should be data driven and should involve an organized program-planning and implementation process that includes data collection, needs assessment, development of goals and objectives, program delivery, evaluation, outcome analysis, quality improvement activities, record keeping, and reporting. Data-driven decisions require regularly collecting data about student health, access to campus and local epidemiological data, and regular review of the literature. It is critical for decisions about campus prevention initiatives to be based on sound data about community needs and program effectiveness, rather than opinions and perceptions.

Programs That Work

Programs That Work identifies curricula that have shown evidence of changing adolescent sexual risk-taking behaviors that contribute to HIV and other STD infections and unintended pregnancy. For the high school level, the program was required to measure risk behaviors or health outcomes, including at least one of the following:[42]

- Delay of initiation of sexual intercourse
- Decrease in the number of sexual partners
- Decrease in the frequency of sexual intercourse
- Increase in condom use
- Decrease in pregnancy rate
- Decrease in newly reported cases of STDs

For students in the eighth grade or younger, the studies were required to measure behavioral intentions. Although these curricula have not been evaluated for use with postsecondary students, their components may be useful when they are appropriately adapted for use on campus

As of December 2002, the Programs That Work project had eight curricula that reduce sexual health risk behaviors among youth:[43]

- Be Proud! Be Responsible!
- Becoming a Responsible Teen
- Focus on Kids: HIV Awareness
- Get Real About AIDS
- Making a Difference
- Making Proud Choices!
- Reducing the Risk
- Safer Choices

Characteristics of Effective Programs

In the three studies that follow, the authors identify common characteristics of effective sexual health and HIV-prevention programs in academic and community settings. Although none of the studies has specifically evaluated program effectiveness for college students, the common elements among the studies should be considered when designing health promotion programs for any community.

Kirby et al.[44] reviewed studies of school-based sexual education and STD/HIV-prevention programs published in the professional literature to distinguish the characteristics of effective programs. Only programs that demonstrated a positive effect on sexual or contraceptive behavior or on the outcomes of such behavior (pregnancy rates, birth rates, and STD rates) were included in the review. Kirby later expanded this list.[45] According to these two sources, effective programs had the following criteria:

- Focused clearly on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection
- Included behavioral goals, teaching methods, and materials that were appropriate to the age, sexual experience, and culture of the students
- Were based on theoretical approaches that have been demonstrated to be effective in influencing other health-related risk behaviors
- Lasted long enough to allow participants to complete important activities
- Used a variety of teaching methods designed to involve the participants and have them personalize the information
- Provided basic, accurate information about the risks of unprotected intercourse and methods for avoiding unprotected intercourse
- Included activities that addressed social pressures or media influences on sexual behaviors
- Provided modeling and practice of communication, negotiation, and refusal skills
- Selected teachers or peers who believed in the program they were implementing and then provided training for them
- Reinforced clear and appropriate values to strengthen individual values and group norms against unprotected sex

In a review of 37 community-based AIDS prevention and service projects funded

by the Robert Wood Johnson Foundation, Janz et al.[27] found that project directors rated the following interventions as most effective:

- Small-group discussions
- Outreach to populations engaged in high-risk behaviors
- Training of peers and volunteers
- Provision of safer-sex kits
- Large-group discussions
- Support groups
- Individual counseling

In addition, qualitative data from in-depth site visits to 12 of the 37 projects identified eight factors that facilitated intervention effectiveness.[27] These factors are as follows:

- Had culturally relevant and language-appropriate interventions
- Embedded AIDS information into broader contexts
- Provided creative rewards and enticements
- Built in opportunities for program flexibility
- Promoted integration into—and acceptance by—the community
- Repeated essential HIV prevention messages
- Created a forum for open discussion
- Solicited participant involvement

Holtgrave et al.[46] reviewed previously published lists of characteristics of successful programs. A program was deemed successful if it averted or reduced HIV risk behaviors, modified their determinants, or both, in a cost-effective or cost-beneficial manner. The common elements of successful programs included the following:

- Basis in real, specific needs and community planning
- Cultural competency—tailored to audience and needs
- Clearly defined audiences, objectives, and interventions
- Basis in behavioral and social science theory and research
- Quality monitoring and adherence to plans
- Use of evaluation findings to make midcourse corrections
- Sufficient resources

Although these studies evaluated a variety of prevention techniques for diverse populations in a wide range of settings, knowing their common elements can help those who plan, implement, and evaluate health-promotion programs. Programs targeting the health behaviors of postsecondary students have not routinely been evaluated. Such evaluation is vital not only to assess effectiveness but also to lay the groundwork for future programs.

Campus Prevention Strategies

Curriculum infusion, environmental interventions, peer education, service learning, social marketing, social norming, special events, and technology have shown promise and are being investigated on campuses around the country. Because no single strategy can meet the needs of a campus community, a multifaceted approach should be implemented.

Curriculum infusion is the integration of information about HIV (or other health content) into a variety of academic

disciplines. It offers the opportunity to give positive health messages to students who might not be reached by traditional health promotion programming. Examples of curriculum infusion include the following:

- Students in marketing classes develop advertising plans for the Wellness Center.
- Students in English classes write a paper on the meaning of sexual responsibility.
- Students in Afro-American studies classes examine racial disparities in health.
- Students in public policy classes analyze the effectiveness of a public health intervention on STD rates.

For more ideas, see the Association of American Colleges & Universities National Leadership Resources Database in the Check It Out box on page 61.

Environmental interventions complement individual interventions and are designed to create a healthy community. They include wellness or substance-free residence halls, alcohol-free social events, condom availability, and policies that restrict tobacco and alcohol sales and promotion on campus. As we develop strategies for individual behavior changes, we also need to create environments that support those changes.

Peer education programs train students in communication, negotiation, refusal, and referral skills as well as a variety of health issues. Once trained, peer educators may offer programs to groups of students in the classroom and in social settings, plan and implement special awareness events, and serve on health-related campus task forces. Some peer education programs use theater techniques to depict real-life situations; they usually follow the depictions with a discussion with the audience. Peer education programs are designed based on campus need and are supported by faculty and staff advisors.

Service learning combines community service with classroom instruction, focusing on critical, reflective thinking as well as on personal and civic responsibility.[37] Essential elements include the following:

- Working collaboratively with community partners, students, faculty, and staff to identify community needs
- Preparing all parties for the service learning experience (e.g., training for agency supervisors, preparatory readings for students)
- Implementing the service experience
- Using a variety of reflection techniques to facilitate clear connections between the course's service and academic objectives
- Evaluating and planning for the future
- Recognizing and celebrating the accomplishments of all parties involved

Service learning experiences can be found in a variety of higher education settings. These include stand-alone service learning courses, optional or required course assignments, a fourth-credit service option attached to a three-credit academic course, and collaborative learning activities. The service experience can take place in the campus community itself or in a number of nonprofit community agencies. Although the form may vary from college to college, providing the essential elements ensures that service learning remains a valuable form of experiential education.

Social norming theory has been developed in relation to problem drinking on campus. It suggests that individuals behave in ways they believe are consistent with the

behavior of their peers.[47] Unfortunately, most students overestimate how many of their peers engage in high-risk behaviors. This can create a false sense of peer pressure to participate in high-risk drinking behaviors that are inconsistent with actual campus norms. Prevention specialists can inadvertently reinforce such overestimation by using traditional strategies that emphasize the risk associated with certain behaviors, such as displaying pictures of an alcohol-related car wreck. In addition, when data are reported, the focus tends to be on the small number of individuals who participate in the risk behavior instead of on the majority who do not. For example, the 1995 National College Health Risk Behavior Survey reported that 34.5% of college students nationwide had five or more drinks of alcohol on at least one occasion during the 30 days preceding the survey.[4] A more positive way to present the same data, and thus to promote the healthy norm, would be to report that most (or 65.5% of) college students nationwide did not engage in high-risk drinking behaviors.

On several US campuses, health promotion specialists apply social norming theory in social marketing campaigns by using normative campus data designed to correct misperceptions of peer norms. Some of these campuses have demonstrated a decrease in alcohol use.[48,49] Research investigating the use of social norming theory with sexual behaviors is under way.

Social marketing uses traditional marketing principals to influence health behavior. This technique uses the "4 Ps" of commercial marketing-product, price, place, and promotion-to "sell" a health behavior. In the case of HIV prevention, a social marketing campaign might consider the 4 Ps in the following way:

- **Product**: Condom use.
- **Price**: Minimize "costs" such as embarrassment about or barriers to obtaining condoms.
- **Place**: Make condoms available in residence halls and fraternity and sorority houses.
- **Promotion**: Use advertising to tell sexually active students where they can get free condoms and to encourage them to acquire and use condoms.

Some professionals mistakenly use the terms *social norming* and *social marketing* interchangeably. Social norming is a theory of behavior change, one of many theories that can be used to design messages for a social marketing campaign. Likewise, social marketing campaigns are only one way of applying social norming theory. Social norming theory may also be used in peer education and peer theater programs, curriculum infusion, and other prevention methods.

Special events such as World AIDS Day, Sexual Responsibility Week, and Alcohol Awareness Week offer the opportunity to highlight health-promotion issues to large numbers of students. These efforts reinforce the more intense and personal health-promotion interaction experienced in the classroom and in small-group settings. Special events should complement a range of individual and environmental interventions rather than serving as the primary focus of a prevention program. In addition, such efforts should support and reinforce the healthy norm and not highlight risk behaviors.

Technology has been an important addition to campus health-promotion programs. Interactive materials such as CD-ROMs and

Web sites can be used to provide personalized information in an interesting format that offers students anonymity. Prominently displaying information about campus health services and related resources on the campus Web site can increase awareness of these services. The Internet also offers new and exciting ways to reach students, including interactive discussion groups and computer-mediated or distance education courses.

Examples from the Field

Social Norm Marketing

After conducting a campus wide survey of Northwestern University students, the BACCHUS & GAMMA Peer Education Network and Northwestern University generated a social norm campaign that focused on three positive sexual health messages: 1) most Northwestern University students protect themselves in sexual situations, 2) most Northwestern University students reported their last sexual experience was satisfying, and 3) most Northwestern University students were sober during their last sexual experience. Each message included percentages that supported these statements as norms on the Northwestern University campus.

Posters with these messages were hung in high-traffic areas. Newspaper advertisements, bumper stickers, signatures on e-mails, and imprints on promotional items also displayed the social norming messages. Interviews of 123 students at the end of the spring semester revealed that 51% recognized the newspaper ads, 79% recognized posters, and 54% recognized the campaign slogan "People (are a lot) like you." Fifty four percent recognized the message "most Northwestern University students reported that their last sexual experience was satisfying", and 63% recognized the message "most Northwestern students protect themselves in sexual situations."

Information about self-reported behavior change was gathered before the campaign in 1999 and after it in 2000 and is presented in Table 2. This study supports the view that social norm campaigns are associated with the adoption of positive health behaviors (www.nuhs.northwestern.edu/ed).

TABLE 2 What do you do to reduce your risk of getting a sexually transmitted disease including HIV?

BEHAVIOR	YEAR 1999	2000
Nothing	1%	3%
Choose not to be sexually active	18%	40%
Monogamous relationship	21%	49%
Know partner's STD/HIV status by asking them	16%	30%
Know partner's STD/HIV status because of test results	3%	7%
Use a condom/barrier every intercourse	14%	35%
Use a condom/barrier every time oral sex	2%	2%
Do not exchange bodily fluids	9%	11%
Choose to be less sexually active	0%	23%

Technology

Kapi'olani Community College has developed the Hawaii-Pacific HIV/AIDS Information Clearinghouse Web site which serves the informational and referral needs of students, staff, and other Asian/Pacific Islanders (library.kcc.hawaii.edu/aids).

Check It Out!

AIDS Action. *What Works in HIV Prevention for Youth.* 2001. Document available at: www.aidsaction.org.

American College Health Association. *Standards of Practice for Health Promotion in Higher Education.* Baltimore; American College Health Association; 2001. Contact ACHA at (410) 859-1500.

Association of American Colleges and Universities. Program for Health and Higher Education. *National Leadership Resources Database.* Web site available at: nlrd.aacu-edu.org.

BACCHUS & GAMMA Peer Education Network. *Sex in the CD* (interactive CD-ROM). Information available at www.bacchusgamma.org/sicd.asp.

Check It Out!

Borges JA, Morales I, Rodríguez NJ. *Guidelines for Designing Usable World Wide Web Pages.* Paper presented at: ACM CHI 96; April 1996; Vancouver, British Columbia, Canada. Document available at: www.acm.org/sigchi/chi96/proceedings/shortpap/Rodriguez/rn_txt.htm.

Burns WD, ed. *Learning for Our Common Health: How an Academic Focus on HIV/AIDS will Improve Education and Health.* Washington DC: Association of American Colleges and Universities; 1999. Contact information available at: www.aacu-edu.org/publications.

California State Library. InFoPeople Project. How to Create Web Pages: a Webliography. May 3, 2000. Web site available at: www.infopeople.org/howto/htmlnote.html.

CDC. HIV/AIDS Prevention Research Synthesis Project. *Compendium of HIV Prevention Interventions with Evidence of Effectiveness.* November 1999 (revised August 2001). Document available at: www.cdc.gov/hiv/pubs/hivcompendium/hivcompendium.htm.

Frechtling J, Sharp L, eds. 1997. *User Friendly Handbook for Mixed Method Evaluations.* 1997. Division of Research, Evaluation and Communication National Science Foundation. Document available at: www.ehr.nsf.gov/EHR/REC/pubs/NSF97-153/start.htm.

The Higher Education Center for Alcohol and Other Drug Prevention. *Social Norms and Social Marketing.* Web site available at: www.edc.org/hec/socialnorms.

Johannessen K, Collins C, Mills-Novoa B, Glider P. *A Practical Guide to Alcohol Abuse and Prevention: A Campus Case Study in Implementing Social Norms and Environment Management Approaches.* Tucson, AZ: University of Arizona; 1999. Document available at: www.socialnorms.campushealth.net.

The Megasite Project: A Metasite Comparing Health Information Megasites & Search Engines. Web site available at: www.lib.umich.edu/megasite.

The National Social Norms Resource Center. Web site available at: www.socialnorms.org.

New Jersey Collegiate Consortium for Health in Education. *More Ways to Go: Sex-Positive Strategies and Resources for Creating a Healthy Campus Environment. A Manual for College Students and Those Who Work with College Students.* New Brunswick, NJ: Rutgers University; 1999. (732) 932-1219.

O'Connell WR. *Report of a Study of Successful Programs of HIV Prevention Education in Colleges and Universities.* Washington DC: National Association of Student Personnel Administrators; 1999. Document available at: www.naspa.org/help/pdf/suprog.pdf.

Zimmerman R. *Social Marketing Strategies for Campus Prevention of Alcohol and Other Drug Problems.* Newton, MA: The Higher Education Center for Alcohol and Other Drug Prevention; 1997. Document available at: www.edc.org/hec/pubs/soc-marketing-strat.html.

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet

Indicator 5: Prevention Programs

Program Planning and Evaluation Process	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Are systematic program planning and implementation models including the following used to develop prevention programs? • Data collection • Needs assessment • Development of goals and objectives • Program delivery • Evaluation • Outcome analysis • Quality improvement activities • Record keeping • Reporting					
2. Are your HIV-prevention programs: • Based on techniques that have been proven effective? • Culturally appropriate?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

(Worksheet Continued) — Indicator 5: Prevention Programs

Program Planning and Evaluation Process	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
3. Do your HIV-prevention programs: • Embed HIV into broader contexts (e.g., sexual health, substance abuse, sexual assault, communication skills, relationship issues)? • Use a combination of teaching methods? • Encourage students to personalize information by providing open discussions and opportunities for reflection? • Address social pressures and media influences? • Provide opportunities to practice communication, negotiation, and refusal skills? • Provide training for teachers, peer educators, and other leaders? • Involve students, faculty, administration, staff, and community members? • Include individual as well as community-level interventions?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Campus Prevention Strategies	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
4. Are topics such as HIV/AIDS and related issues infused throughout the curriculum?					
5. Are the following environmental interventions offered on campus? • Wellness or substance-free housing options • Alcohol-free social activities • Condom availability					
6. Are student peer education programs offered on campus?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

(Worksheet Continued) — Indicator 5: Prevention Programs

Campus Prevention Strategies	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
7. Are health-related service learning and other experiential learning opportunities available to students?					
8. Are programs designed to promote healthy campus norms and reduce misperceptions about risk behaviors?					
9. Are awareness activities such as World AIDS Day, the NAMES Project AIDS Memorial Quilt, Sexual Responsibility Week, Alcohol Awareness Week, and National Condom Week offered on campus?					
10. Are Web sites, CD-ROM programs, or other technology used in prevention programming?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 5: Prevention Programs

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

INDICATOR 6

Attending to Priority Populations

Direct culturally appropriate health messages, resources, and services to students who engage in high-risk behaviors; subpopulations that are disproportionately affected by HIV; and subpopulations with increasing incidence of HIV.

Identifying priority populations for targeting HIV prevention interventions can be difficult for a number of reasons. Issues of racism, sexism, homophobia, heterosexism, socioeconomic status, the stigma of HIV, and denial of personal risk serve as barriers to prevention efforts. In spite of these challenges, identifying students who might be engaging in high-risk behaviors is a way to direct programs and services toward people with the greatest need. Campus leaders are encouraged to consider three priority populations: individuals engaging in high-risk behaviors, subpopulations that are disproportionately affected by HIV infection, and populations experiencing increased incidence of HIV infection.

Individuals Engaging in High-Risk Behaviors

Students at increased risk for HIV include those who have unprotected sex, have multiple sex partners, inject drugs, or have a history of substance abuse. These students can often be identified when they seek help as a result of unprotected sexual intercourse (for pregnancy testing, emergency contraception, or STD testing and treatment) or an alcohol or other drug-related incident. Students who are survivors of sexual assault or abuse may also be more likely to engage in risky sexual behaviors.[50, 51] To increase the likelihood of identifying students who engage in these risk behaviors, campus protocols should include guidelines for assessing, counseling, and referring students, and for counseling and referring students who self-identify as being at risk.

Subpopulations Disproportionately Affected by HIV

Certain subpopulations are disproportionately affected by HIV disease in the United States. These include: men who have sex with men (MSM), African Americans, and Hispanics.

MSM represented the largest proportion (at least 47%) of adult and adolescent males diagnosed with AIDS in 2001.[52] Young gay and bisexual men, in particular, remain at high risk for HIV infection, and higher percentages of African American and Hispanic than of white MSM are being infected.[53] Some gay and bisexual men are less concerned about becoming infected than in the past and may be taking more risks.[53] There have been reports of many gay men returning to unsafe sex, and of "barebacking parties" where men switch partners with no protection or discussion of HIV status. However, in a 1998 survey of 7000 gay and bisexual men in New York, 50% reported either no anal sex or anal sex only with a condom. Of the 39% reporting unprotected anal intercourse, most used other risk reduction strategies such as having same-serostatus partners, having fewer partners, and having the HIV-positive partner be receptive rather than insertive during anal intercourse.[54] Despite these reports, substantial numbers of gay and bisexual men are still being infected, particularly younger men and men of color.[53]

HIV/AIDS has disproportionately affected African Americans and Hispanics, who accounted for 49% and 19%, respectively, of all adults and adolescents diagnosed with AIDS in 2001.[52] These numbers are alarming

Understanding Transgender

In trying to meet the needs of lesbian, gay, bisexual, transgender, and questioning students, it is critical to understand the difference between sexual orientation and gender identity, which are often inaccurately lumped together. *Sexual orientation* refers to the gender a person is attracted to; *gender identity* refers to the gender to which a person self-identifies. Transgendered individuals feel an inconsistency between their anatomical sex and their gender identity and may have a sexual orientation that is gay, lesbian, bisexual, or straight.

The following terms are used in describing what it means to be transgender:

- **MTF** (male to female): An individual born with male genitalia who identifies emotionally and psychologically as female. This individual would be addressed as "she."
- **FTM** (female to male): An individual born with female genitalia who identifies emotionally and psychologically as male. This individual would be addressed as "he."
- **Transition** (or Transitioning): The process by which an individual becomes more like the gender with which they identify through three kinds of changes: social (dress, use of pronouns), medical (hormone therapy, sex reassignment surgery), and legal (changing name or gender on driver's license).

considering that African Americans and Hispanics make up only 12% and 13%, respectively, of the total US population (including Puerto Rico).[55, 56]

The following statistics demonstrate the scope of the epidemic among African Americans:

- The AIDS incidence rate among African Americans in 2000 was 58.1 per 100,000, more than eight times the rate for whites (6.6 per 100,000) and twice the rate for Hispanics (22.5 per 100,000).[55, 56]
- Researchers estimate that 1 in 50 African American men and 1 in 160 African American women are infected with HIV.[55]
- In 2000, almost two-thirds of all women (63%) and children (65%) reported with AIDS were African American.[55]
- For adult and adolescent African American men, MSM represent the largest proportion (37%) of cumulative cases of AIDS, followed by injection drug users (34%), and heterosexual contact (8%).[55]
- For adult and adolescent African American women, injection drug use accounts for the highest proportion (41%) of cumulative AIDS cases, followed by heterosexual contact (38%).[55]
- In 1999, HIV infection was the leading cause of death among African American men ages 25 through 44, and third leading cause of death among African American women in the same age group.[12]

The following statistics demonstrate the scope of the epidemic among Hispanics:[56]

- The AIDS incidence rate among Hispanics in 2000 was 22.5 per 100,000 population, almost three times the rate for whites (6.6 per 100,000) but lower than the rate for African Americans (58.1 per 100,000).
- For adult and adolescent Hispanic men, MSM represent the largest proportion (42%) of cumulative cases of AIDS, followed by injection drug users (35%), and heterosexual contact (6%).
- For adult and adolescent Hispanic women, heterosexual contact accounts for the highest proportion (47%) of cumulative AIDS cases, most of which are linked to sex with an injection drug user, followed by injection drug use (40%).

Subpopulations with Increasing Incidence of HIV Infection

Certain subpopulations, including women and youth, are becoming infected with HIV in increasing numbers in the United States.

A growing proportion of women are living with AIDS. In just over a decade, the proportion of all AIDS cases reported among adult and adolescent women more than tripled from 7% in 1985 to 25% in 1999.[57] The most dramatic increases have been among women of color. To date, African American and Latina women account for more than three-fourths (78%) of all female AIDS cases reported in the United States, yet they represent fewer than 25% of all US women.[57] This disproportionate impact on racial/ethnic minority women in particular makes women a priority population.

HIV was the fifth leading cause of death among persons ages 25 through 44 in 1999, and many of these people were likely infected with HIV in their teens and 20s.[12] The CDC estimates that at least half of all new HIV infections in the United States are among people under the age of 25, most of whom are infected sexually.[12] Based on current trends, an average of two young people are infected with HIV every hour of every day,[58] or approximately 17,500 young

people every year. In 2000, heterosexual sex accounted for at least 45% of reported AIDS cases in women ages 13 through 24.[52] These facts suggest that HIV/AIDS is a critical health issue for American youth and young adults.

Other Populations in Need of Prevention Programming

This document describes American Indians/Alaskan Natives (AI/ANs) and Asian and Pacific Islanders (A/PIs) as priority populations in spite of a lack of evidence that they are disproportionately affected by HIV. HIV prevention among these populations poses unique challenges because of racial or ethnic misclassification, cultural diversity, and social and behavioral factors.

Surveillance data from the CDC indicate that AI/ANs made up 0.5% of the AIDS cases diagnosed in adults and adolescents in 2001.[52] It is possible that the true impact of HIV/AIDS on AI/ANs is underestimated because of misclassifying AI/ANs as belonging to other racial/ethnic groups. For example, some reports cited high rates of misclassification of AI/ANs as non-Hispanic white or Hispanic. AI/ANs are also disproportionately affected by certain social and behavioral factors that are associated with an increased risk for HIV infection: lower median age and socioeconomic status, and higher rates of unemployment and STDs. In addition, adolescents who live on reservations report higher rates of drug use.[59] These factors, together with the lack of culturally specific data, make designing HIV-prevention interventions for AI/ANs challenging.

Surveillance data from the CDC indicate that A/PIs made up 1% of AIDS cases diagnosed in adults and adolescents in 2001.[52] A/PIs are a diverse group who represent over 40 nationalities and speak over 100 dialects and languages. Cases of AIDS in A/PIs may be underreported because of a lack of detailed surveillance. In addition, A/PIs have disproportionately higher rates of tuberculosis and hepatitis B, which are both comorbidity factors of HIV. A/PIs are the fastest growing population in the United States.[60] These epidemiological and migration patterns, combined with tremendous cultural diversity, make HIV prevention among this population a critical concern.

Conclusion

Because the campus climate can affect the success of prevention interventions, it is important to assess the climate before designing prevention programs. Members of priority populations should be included in development, delivery, and evaluation of interventions to ensure the programs' cultural relevance and appeal. Partnering with student groups such as gay/lesbian/bisexual/transgendered/questioning (GLBTQ) organizations or their allies, multicultural student organizations, and recovery groups can be useful in targeting programs to these populations. Community-based organizations (CBOs) and AIDS service organizations (ASOs) that offer services for specific populations can also be helpful in designing programs and services to reach those groups. Likewise, the campus can provide access to certain populations that CBOs and ASOs may find hard to reach.

Examples from the Field

Identifying Students at Risk

Administrators at the Health Services Department of Spelman College recognize that survivors of sexual assault may be at increased risk for HIV infection. The Women's Health Clinic has added an item on its intake form that allows students to identify themselves as survivors. Once identified, students are offered additional support and services (www.spelman.edu/studentlife/healthsvcs.html).

Reaching Hispanic Students

Student Health Center personnel at the University of New Mexico target students who engage in high-risk behaviors in a variety of ways. The peer education group SEPAS (Students Educating Peers About Sex), from the Spanish *para que tu sepas* [for you to know], performs skits about risky behaviors at freshman orientation. The Hispanic Student Services Office has a mentoring program for Hispanic students at high risk (www.agorasepas.com).

Check It Out!

AIDS Action. Documents available at: www.aidsaction.org.

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- *What Works in HIV Prevention for Substance Users.* 2001.
- *What Works in HIV Prevention for Women of Color.* 2001.

Center for AIDS Prevention Studies. University of California, San Francisco. HIV Prevention Fact Sheets. Documents available at: www.caps.ucsf.edu/capsweb/FSindex.html.

- *Can HIV Prevention Make a Difference for Men Who Have Sex With Men?*
- *What Are Adolescents' HIV Prevention Needs?*
- *What Are African Americans' HIV Prevention Needs?*
- *What Are Latinos' HIV Prevention Needs?*
- *What Are Women's HIV Prevention Needs?*
- *What Are Young Gay Men's HIV Prevention Needs?*

CDC. Division of HIV/AIDS Prevention. Prevention Fact Sheets. Documents available at: www.cdc.gov/hiv/pubs/facts.htm.

- *Drug-Associated HIV Transmission Continues in the United States*
- *HIV/AIDS Among African Americans*
- *HIV/AIDS Among Hispanics in the United States*
- *HIV/AIDS Among US Women: Minority and Young Women at Continuing Risk*
- *HIV/AIDS & US Women Who Have Sex with Women (WSW)*
- *National Data on HIV Prevalence Among Disadvantaged Youth in the 1990s*
- *Need for Sustained HIV Prevention Among Men Who Have Sex with Men*

Gay Men's Health Crisis. *Results of the 1998 Beyond 2000 Sexual Health Study.* 1999. Contact information available at: www.gmhc.org.

National Minority AIDS Council (NMAC). Public Policy Publications. Documents available at: www.nmac.org.

- *HIV/AIDS & African Americans*
- *HIV/AIDS & Asian and Pacific Islanders*
- *HIV/AIDS & Latinos*
- *HV/AIDS & Native Americans*

US Department of Health and Human Services (HHS). Office of Minority Health Resource Center (OMHRC). Web site available at: www.omhrc.gov.

US HHS. OMHRC. Minority HIV/AIDS Initiative. Web site available at: www.omhrc.gov/omh/aids/aidshome_new.htm.

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet

Indicator 6: Attending to Priority Populations

Attending to Individuals Engaging in High-Risk Behaviors	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Are campus staff trained to identify students engaging in high-risk behaviors and make appropriate referrals?					
2. Is follow-up counseling provided for students who are engaging in high-risk behaviors (identified by staff or self-identified)?					
3. Do appropriate campus staff encourage HIV testing and counseling for students who have: • been sexually assaulted • requested a pregnancy test • been diagnosed with an STD • requested emergency contraception • experienced an alcohol/other drug-related incident					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

(Worksheet Continued) — Indicator 6: Attending to Priority Populations

Attending to Subpopulations	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
4. Are there HIV-prevention programs that meet the needs of the following priority subpopulations? • Men who have sex with men • African Americans • Hispanics • Women • Youth • Other					
5. Are there HIV-prevention programs that meet the needs of these other populations? • American Indians/Alaskan Natives • Asians and Pacific Islanders					
6. Are students, particularly of priority subpopulations, involved in designing, implementing, and evaluating prevention programs?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Attending to Subpopulations	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
7. Are prevention programs relevant to the target audience and delivered in a culturally appropriate manner?					
8. Are issues of racism, sexism, homophobia, heterosexism, socio-economic status, and HIV-related discrimination addressed on campus and in HIV programming?					
9. Do programmers partner with on- and off-campus organizations and groups to reach priority populations?					
10. Once targeting priorities have been established, does resource allocation reflect those priorities?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 6: Attending to Priority Populations

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

INDICATOR 7

Health Services

Provide comprehensive and culturally competent HIV-related health services at the campus health center or counseling center, or make referrals available to outside agencies that provide such services.

Colleges and universities have the responsibility of providing students with comprehensive and culturally competent HIV-related health services on campus or referring them to such services off campus. A wide range of services should be available to students when possible. Some campuses have the resources to offer these services onsite, whereas others have to rely on collaboration with and referral to local community agencies. These services need to be readily available and publicized throughout the campus community through a variety of media.

The following services (whether offered on campus or by referral) can support a wide range of HIV-prevention efforts and other reproductive health and substance abuse issues among students:

- Clinical care for students living with HIV disease
- Condom availability
- Counseling services
- Emergency contraception
- HIV counseling, testing, and referral services
- Pregnancy prevention, testing, and referral
- Sexual assault services
- Substance abuse treatment
- STD testing, treatment, and counseling

In addition to providing specific types of care, these services offer an opportunity to discuss risk behaviors and encourage behavior modification.

HIV Antibody Testing

It is important for campuses to consider local, state, and federal legislation and guidelines related to HIV reporting, which determine whether a campus can offer students anonymous HIV testing. Campuses that offer on-site testing often have arrangements for local or state health departments or AIDS service organizations (ASOs) to provide staff training, pretest and posttest counseling services, and laboratory analysis.

Culturally Competent Health Care

The delivery of culturally appropriate services is an important aspect of campus health care and may be particularly critical in the delivery of sexual health services. Culture includes much of what makes people unique: race, ethnicity, immigration status, gender, sexual orientation, religion, social class, disability, language, family background, and traditions. Additionally, attitudes and beliefs about human behavior, which includes health beliefs and practices, are also within the scope of culture.[61] Understanding how culture plays a role in students' beliefs and behaviors regarding sexuality, help seeking, and interpersonal communication can enhance the patient-provider interaction. Health care providers are encouraged to examine their own cultural attitudes, beliefs, and practices; learn more about the culture of the students they serve, and evaluate their work settings to ensure a safe and welcoming environment for all students.

Examples from the Field

HIV Counseling and Testing Services

Towson University worked with the State of Maryland AIDS Administration to become an officially recognized anonymous HIV Counseling and Testing Center. Campus staff were originally trained by the AIDS Administration. Staff and graduate counseling interns are now trained by Towson's program coordinator, who has become a trainer within the state system. Towson uses the state to analyze blood and oral HIV antibody tests and collects demographic and risk-behavior data as required by the state. Towson's relationship with the state health department enables the university to provide a high-quality, vital service to the campus community at a reasonable cost (www.towson.edu/studentlife/healthcenter).

On-Campus HIV Services

Kent State University, Kent, Ohio, collaborated with the AIDS Holistic Services Program (AHSP) in Akron to form the Kent Consortium for AIDS Resources, Education and Services (Kent CARES). Kent CARES operates out of an office in the student health center and uses an AHSP licensed social worker case manager and student volunteers to assist students infected or affected by HIV. After week-long training at the AHSP, student volunteers answer telephone hotline questions about HIV, explain available resources, access services for clients, and advocate when needed. When no volunteers are working in the Kent CARES office, calls are forwarded to the AHSP office. The health center also collaborates with a local ASO to provide free, anonymous HIV testing and counseling to Kent State students. Kent CARES is unique in the state of Ohio. It is supported and endorsed by the Ohio Department of Health and the Akron-area Ryan White Consortium[62] (www.rainbow-akron.com/ahsp/kent.htm).

Men's Health Services

The University of Southern California health service program has developed a Men's Health Team that is dedicated to men's unique health needs. The program has direct phone lines through which students can arrange for confidential appointments and services, and the program has its own staff. The program offers the following services:

- Outreach and education on men's health issues
- Diagnosis and treatment of men's health conditions, including STDs
- Screening for nonsymptomatic STDs
- Anonymous or confidential HIV testing and counseling
- Counseling on maintaining a healthy lifestyle and reducing the risk of STDs
- Counseling and support for concerns about sexual function, performance, and orientation
- Mental health consultation and counseling
- Programs that address other health concerns, including fitness, nutrition and diet, and adequate rest[63] (www.usc.edu/student-affairs/Health_Center).

Check It Out!

American College Health Association, *Guidelines for a College Health Program, 1999*. Contact information available at: www.acha.org.

Anand, R. *Cultural Competency in Health Care: A Guide for Trainers* (2nd Ed.). Washington, DC: National MultiCultural Institute; 1999.

Center for Cross Cultural Health. *Caring Across Cultures: The Provider's Guide to Cross-Cultural Health Care* (2nd Ed.). Minneapolis: Center for Cross Cultural Health; 2000.

CDC. Sexually Transmitted Diseases Treatment Guidelines – 2002. *Morb Mortal Wkly Rep.* May 10, 2002; 51(RR06):1-80. Document available at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5106al.htm.

CDC. Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome. *Morb Mortal Wkly Rep.* Dec 10, 1999; 48(RR13). Document available at: www.cdc.gov/epo/mmwr/preview/mmwrhtml/rr4813a1.htm. Documents also available at: ftp.cdc.gov/pub/Publications/mmwr/RR/RR4813.pdf.

CDC. Management of Possible Sexual, Injecting-Drug-Use, or Other Nonoccupational Exposure to HIV, Including Considerations Related to Antiretroviral Therapy. Public Health Service Statement. *Morb Mortal Wkly Rep.* Sept 25, 1998; 47(RR-17):1-14. Document available at: www.cdc.gov/epo/mmwr/preview/mmwrhtml/00054952.htm. Document also available at: ftp.cdc.gov/pub/Publications/mmwr/rr/rr4717.pdf.

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The Emergency Contraception Hotline (888) NOT-2-LATE (888-668-2528). Website available at: ec.princeton.edu. Website available in Spanish and French, and hotline is available in Spanish.

The Gay, Lesbian, Bisexual, and Transgender Health Access Project. *Community Standards of Practice for Provision of Quality Health Care Services for Gay, Lesbian, Bisexual and Transgendered Clients.* Document available at: www.glbthealth.org.

Gay & Lesbian Medical Association. *Healthy People 2010: Companion Document for Gay, Lesbian, Bisexual, and Transgender Health.* San Francisco: Gay & Lesbian Medical Association; 2001.

Check It Out!

Kaiser Permanente National Diversity Council and the Kaiser Permanente National Diversity Department. *A Provider's Handbook on Culturally Competent Care: Lesbian, Gay, Bisexual and Transgendered Population*. San Francisco: Kaiser Permanente; 2000.

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See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet

Indicator 7: Health Services

Health Services	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Are the following services available (on campus or by referral) to students? • Clinical care for students living with HIV disease • Condom availability • Counseling services • Emergency contraception • HIV counseling, testing, and referral services • Pregnancy prevention, testing, and referral • Sexual assault services • STD testing, treatment, and counseling • Substance abuse treatment					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Health Services	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
2. Are the services listed above: • Accessible? • Affordable? • Well publicized?					
3. Do the health service policies ensure confidential care?					
4. Are health service staff working collaboratively with community agencies to provide services?					
5. Is there an up-to-date referral list of local organizations that address vital health needs?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 7: Health Services

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

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INDICATOR 8

Collaboration

Promote collaboration among stakeholders within the campus community, between campuses, and with community partners such as other CDC-funded organizations, other educational partners, AIDS service organizations (ASOs), social service agencies, special population groups, community-based organizations (CBOs), community planning groups (CPGs), and legislators.

The responsibility for campus HIV prevention does not rest entirely with campus health services. Likewise, campuses are not alone in addressing students' health needs. Collaboration within a campus community and between the campus and the local community is critical in designing comprehensive prevention programs. Reciprocal, collaborative relationships can help reach priority populations, reduce duplication of services, share resources and ideas, and identify and strengthen the assets of all parties involved.

Campuses can find opportunities for collaborating on programs and services in three areas:

- Within the campus among departments, programs, and people (students, faculty, staff, and administrators)
- Among campuses in similar geographic regions, with similar programs and interests, and with the goal of connecting different levels of higher education such as universities and community colleges
- With community and government organizations such as AIDS service organizations (ASOs), community-based organizations (CBOs), community planning groups (CPGs), public health departments, and state and local education agencies (SEAs and LEAs).

Collaboration Within the Campus

Collaboration within the campus—among departments and programs—may take many forms. For example, collaborative efforts could include health center personnel, faculty from a variety of disciplines, and a campus peer education group working together to plan and implement student orientation

presentations, residence hall programs, or classroom presentations. A campus-wide HIV/AIDS elective or workshop could include team-teaching efforts by faculty or personnel in several different programs including counseling, nursing, health education, biology, and health services. An HIV/AIDS task force with members from a variety of campus departments and organizations could assist in planning campus-wide events such as World AIDS Day and Sexual Responsibility Week. The possibilities are endless.

The National Association of Student Personnel Administrators (NASPA) Health Education and Leadership Program assessed the status of HIV prevention education on campuses in 1996-1997.[64] They found that trends in HIV prevention programming included expanding HIV education from a health center activity to a priority activity for other groups, including the counseling center, curriculum committees, and resident life department.

Collaboration Among Campuses

Institutions of higher education can form partnerships according to geographic location, a particular health focus (alcohol, HIV), or a particular population focus (reaching MSM, students of color). Regional and state-wide consortia can be effective vehicles for sharing resources, information, and efforts. Groups organized around particular content, such as HIV prevention, allow focused networking to take place on a local, state, or national level. Collaboration among higher education special population groups such as the priority populations mentioned in Indicator 6 can provide greater opportunities for culturally competent HIV prevention and health promotion on all campuses.

Collaboration between community colleges and 4-year institutions can be rewarding for both types of institutions. When health professions schools and community colleges collaborate, the following can occur:[41]

- Health professions schools can provide research and evaluation services that benefit both community colleges and agencies.
- Health professions schools can draw from a more varied pool of prepared applicants because of the supportive experiences provided to disadvantaged students in community college allied health programs.
- Community colleges can help health professions schools gain entry into the local community.
- Community college health centers can provide cross-training for health professions students.
- Students in health professions schools can provide primary health care that cannot be provided by associate degree-level practitioners. Therefore, using interdisciplinary teams of students from associate, baccalaureate, and graduate level programs offers a cost-effective way to staff community health clinics.

Collaboration with Community and Government Organizations

Community and government organizations can play an important role in HIV prevention and in improving the health of campus and local communities. Community organizations include ASOs, CBOs, CPGs, neighborhood associations, faith-based groups, and a host of other groups that may be known only to community members. Government organizations include SEAs, LEAs, local departments of social services, public health departments, and CDC-funded groups.

Although the services provided vary from group to group, the organizations have knowledge, experience, and an interest in promoting goals that are often congruent with campus risk- reduction goals. CBOs and ASOs often have expertise in reaching special populations and can be helpful in planning prevention initiatives. Because students sometimes bypass campus services and go directly to the community for care, local community agencies can be valuable resources of information about student health. In addition, community and government organizations often welcome volunteers and can give students meaningful service learning opportunities.

Freudenberg and Zimmerman[65] found that community organizations create opportunities for learning about diverse social environments, and they are able to reach populations outside the mainstream, thus meeting a variety of priority population needs. Freudenberg and Zimmerman recommend linking HIV-prevention programs to a broader mission of community development and social justice and using peer educators to create changes in social norms, thus reducing risk behaviors.

State and local health departments also have overlapping missions in which collaborative efforts would enhance programming. In addition, they may have funding for prevention activities aimed at addressing high-risk behaviors. This chart shows some of the ways community organizations and campuses can support each other.

Successful Collaboration

The key to harnessing the power of the three types of collaborative relationships (within the campus, among campuses, and with community and government organizations) is to create common ground and follow the principles of good partnership. This is particularly important for collaboration between higher education and community groups, which historically have viewed each other as

CBOs and ASOs Support Campus HIV Prevention Efforts with:	Campuses Support ASOs and CBOs HIV Prevention Efforts with:
◦ Data collection and focus group assistance ◦ Attending to cultural groups or other specific populations ◦ Case management ◦ Clinical care ◦ Curriculum infusion ◦ Educational materials ◦ Educational presentations ◦ Guest and HIV-positive speakers ◦ Health fairs and special event support ◦ HIV counseling and testing services ◦ Knowledge about campus students using their services ◦ Referral sources and resources ◦ Service learning and internship opportunities ◦ Support groups ◦ Staff and student training ◦ Web site links	◦ Access to priority populations ◦ Community advisory or board members ◦ Education and curriculum materials ◦ Internet access and technical support ◦ Interns ◦ Meeting space ◦ Peer educators ◦ Research assistance ◦ Service learning students ◦ Sharing knowledge ◦ Speakers bureaus ◦ Technical assistance ◦ Volunteers

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having disparate goals. These principles of good partnership relate to process, that part of shared life that distinguishes *how* groups work together from *what* they produce.

Community-Campus Partnerships for Health outlines the following principles of good collaborative relationships:[66]

- Partners have agreed on mission, values, goals, and measurable outcomes for the partnership.
- The relationship between partners is characterized by trust, respect, genuineness, and commitment.
- The partnership builds upon identified strengths and assets but also addresses areas that need improvement.
- The partnership balances power among partners and lets partners share resources.
- There is clear, open, and accessible communication between partners, and it is an ongoing priority to listen to each need, develop a common language, and validate and clarify the meaning of terms.
- Roles, norms, and processes for the partnership are established with the input and agreement of all partners.
- All stakeholders in the partnership receive, exchange, and give feedback, with the goal of continuously improving the partnership and its outcomes.
- Partners share the credit for the partnership's accomplishments.
- Partnerships take time to develop and evolve over time.

Collaboration can be challenging. It can also be used to improve upon, expand, and sustain effective efforts to reduce HIV infection.

Examples from the Field

Collaboration Within a Campus

At Towson University, Baltimore, Maryland, representatives from the Dowell Health Center and the health science and nursing academic departments have collaborated to develop the course, *HIV/AIDS: Testing and Confidentiality in the 21st Century*. This three-credit elective involves two classroom hours and three practicum hours per week and is offered every semester. The course explores the societal issues of HIV/AIDS and HIV counseling and testing services as it prepares students for a certificate in HIV/AIDS testing and counseling from the state of Maryland. Practicums are done at the Dowell Health Center, where students provide HIV pretest and posttest counseling services and educational presentations for the campus and local community (www.towson.edu/studentlife/healthcenter).

Collaboration Among Campuses and with an ASO

St. Louis Community College has three campuses in St. Louis, Missouri. A college-wide AIDS task force meets each month via video conferencing to share resources and ideas, coordinate programming calendars, and plan collaborative activities. In addition, a local AIDS service organization, St. Louis Effort for AIDS (EFA), has two full-time health educators dedicated to working with all of the city's colleges and

universities. The EFA representative is a regular member of the SLCC AIDS task force and provides outreach activities for all three campuses. A second ASO, Blacks Assisting Blacks Against AIDS (BABAA), has also collaborated with workshops targeting African American members of the campus community (www.stlcc.cc.mo.us/aidstf or www.stlefa.org/campus.html).

Collaboration Among with Institutions of Higher Education

City College of San Francisco (CCSF) provides an excellent example of collaboration with other institutions of higher education. CCSF offers students the opportunity specialize in HIV prevention education, focusing on education, case management, or group facilitation skills. Units can be transferred to the Community Health Worker program at San Francisco State.

Collaboration Between a Campus, a Local High School, and Community Based Organization

Hastings College in Nebraska collaborates with the local high school, Hastings Family Planning, and Mid-Rivers Red Cross to train peer educators at both educational institutions. Hastings Family Planning is a cosponsor of the high school peer education group Sunny D, and its community health educator (the advisor to Sunny D) co-teaches with the advisor of the college group (PHIVE-O) to certify students in both groups as Red Cross HIV/AIDS Fundamentals Instructors. The two groups work together on projects such as the AIDSWalk, World AIDS Day, and continuing education for all students.

The Nebraska Department of Education, in collaboration with the Nebraska AIDS Project, awarded the two Hastings peer education groups a grant to present REACHOUT, a multimedia scripted dramatic portrayal of stories of Nebraskans who are living with HIV/AIDS. Members of both Sunny D and PHIVE-O were trained in the REACHOUT program and have presented together in many areas of the state (www.hastings.edu).

Check It Out!

Community-Campus Partnerships for Health. Web site available at: futurehealth.ucsf.edu/ccph.html.

CDC. National Prevention Information Network (NPIN). Community Planning Resources. Web site available at: www.cdcnpin.org/topic/community-planning.htm.

Kretzmann JP & McKnight JL. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*. Chicago, Ill: ACTA Publications; 1993.

Minkler M. *Community Organizing and Community Building for Health*. New Brunswick, NJ: Rutgers University Press; 1999.

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet

Indicator 8: Collaboration

Collaboration	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Do campus HIV-prevention programs use the following collaborative relationships? • Within campus (between departments and programs) • With other campuses • With AIDS service organizations • With community-based organizations • With local health departments • With federal agencies • With state or local education agencies					
2. Does the institution support HIV-prevention activities that involve more than one group or department?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 8: Collaboration

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

Conclusion

Schools could do more than perhaps any other single institution in society to help young people, and the adults they will become, to live healthier, longer, more satisfying, and more productive lives.

Carnegie Council on Adolescent Development

Institutions of higher education are important vehicles for delivering a wide range of efforts to improve health. This document focuses on HIV prevention and related health issues, and describes eight strategic points of intervention:

- Campus environment and policy
- Health messages
- Professional and preprofessional development
- Student leadership
- Prevention programs
- Attending to priority populations
- Health services
- Collaboration

In improving the health of a campus community, leaders must incorporate what is known about effective HIV prevention and collaborative processes into their thinking. We recommend that you do the following:

- Broaden your thinking about HIV. Move beyond physical and medical issues to consider the social, emotional, cognitive, behavioral, and spiritual dimensions of HIV.
- Broaden your concept of how to slow the spread of HIV. Do not limit your efforts to individual behavior changes and lifestyle choices. Recognize the influence of environment and the delicate relationship between thoughts, emotions, behavior, and environment.
- Use disease-prevention and health-promotion efforts that have been proven effective to deliver accurate, clear, consistent, positive, and culturally appropriate health messages through a variety of channels. In HIV prevention, repetitive, multifaceted approaches work best.
- Embed HIV education into broader contexts. For example, make sure HIV

prevention is part of professional development, curricula, and programs on sexual health, pregnancy prevention, and substance abuse.

In addition to being knowledgeable about effective HIV prevention, campus leaders must understand and abide by basic principles of good collaboration. HIV prevention should not reside entirely in the campus health center, allied health program, or any other single area of a campus. It is the collaborative work of a variety of individuals and groups on campus as well as throughout the surrounding community that enhances any single HIV- prevention effort. We recommend that you do the following:

- Focus on process. Invite all stakeholders (including senior-level administrators) to help create a vision of a healthy campus and to work together to realize that vision. Sustained collaborative, integrative, and bridge-building efforts will pay off.
- Think of your campus as one large system that is uniquely your own. You do not have to do it all. Lead with your strengths. Begin your efforts in the departments and with the people who are most receptive. Efforts that are firmly grounded in one part of an institution can ripple throughout a campus.
- Keep the process manageable, because it is. Refer to the wealth of resources included in this book; there is no need to reinvent the wheel. Design and nurture programs that are appropriately funded, carefully implemented, and evaluated to demonstrate their effectiveness.
- Work toward sustainability of policies, people, programs, and budget lines that contribute to HIV prevention and the health of the campus.

The ideas and model presented in this document apply specifically to HIV prevention, but the model is versatile enough to provide a useful framework for almost any health-improvement initiative on campus. We hope this document will provide you with ideas, inspiration, and direction to lay a groundwork for your campus HIV-prevention efforts. Use these indicators to examine your prevention programs and tailor your efforts to increase the overall health and well-being of your campus community.

APPENDIX A

Organization Directory

Advocates for Youth
1025 Vermont Ave NW
Suite 200
Washington, DC 20005
Phone: (202) 347-5700
Fax: (202) 347-2263
E-mail: Info@advocatesforyouth.org
Web site: www.advocatesforyouth.org

AIDS Education Global Information System (AEGIS)
PO Box 184
San Juan Capistrano, CA 92693-0184
Phone: (949) 248-5843
Fax: (949) 248-2839
E-mail: aegis@aegis.org
Web site: www.aegis.org

The AIDS Memorial Quilt -
The NAMES Project Foundation
101 Krog St
Atlanta, GA 30307
Phone: (404) 688-5500
Fax: (404) 688-5552
E-mail: info@aidsquilt.org
Web site: www.aidsquilt.org

Alan Guttmacher Institute (AGI)
120 Wall St
New York, NY 10005
Phone: (212) 248-1111
Fax: (212) 248-1951
E-mail: info@agi-usa.org
Web site: www.agi-usa.org

American Association for Health Education (AAHE)
1900 Association Dr
Reston, VA 20191-1599
Phone: (703) 476-3437
Fax: (703) 476-6638
E-mail: aahe@aahperd.org
Web site: www.aahperd.org/aahe

American Association of Colleges for Teacher Education (AACTE)
1307 New York Ave NW
Suite 300
Washington, DC 20005-4701
Phone: (202) 293-2450
Fax: (202) 457-8095
Web site: www.aacte.org

American Association of Community Colleges (AACC)
One Dupont Cir NW
Suite 410
Washington, DC 20036-1176
Phone: (202) 728-0200
Fax: (202) 833-2467
Web site: www.aacc.nche.edu

American College Health Association (ACHA)
PO Box 28937
Baltimore, MD 21240-8937
Phone: (410) 859-1500
Fax: (410) 859-1510
Web site: www.acha.org

American College of Obstetricians and Gynecologists (ACOG)
409 12th St SW
Washington, DC 20024
Phone: (202) 638-5577
Fax: (202) 484-1595
Web site: www.acog.org

American College Personnel Association (ACPA)
One Dupont Cir NW
Suite 300
Washington, DC 20036
Phone: (202) 835-2272
Fax: (202) 296-3286
E-mail: info@acpa.nche.edu
Web site: www.acpa.nche.edu

American Medical Society for Sports Medicine (AMSSM)
11639 Earnshaw
Overland Park, KS 66210
Phone: (913) 327-1415
Fax: (913) 327-1491
Web site: www.amssm.org

American Psychological Association (APA)
Office on AIDS
750 First St NE
Washington, DC 20002-4242
Phone: (202) 218-3993
Fax: (202) 336-6198
Web site: www.apa.org/pi/aids

American Red Cross (ARC)
Public Inquiry Office
431 18th St NW
Washington, DC 20006
Phone: (202) 639-3520
E-mail: Info@usa.redcross.org
Web site: www.redcross.org

American School Health Association (ASHA)
7263 State Rte 43
PO Box 708
Kent, OH 44240
Phone: (330) 678-1601
Fax: (330) 678-4526
Web site: www.ashaweb.org

American Social Health Association (ASHA)
PO Box 13827
Research Triangle Park, NC 27709
Phone: (919) 361-8400
Fax: (919) 361-8425
Web site: www.ashastd.org

Association of American Colleges and Universities (AAC&U)
1818 R St NW
Washington, DC 20009
Phone: (202) 884-7433
Fax: (202) 265-9532
Web site: www.aacu-edu.org

The BACCHUS & GAMMA Peer Education Network
PO Box 100430
Denver, CO 80250-0430
Phone; (303) 871-0901
Fax: (303) 871-0907
E-mail: bacgam@aol.com
Web site: www.bacchusgamma.org

Campus Compact
Brown University
Box 1975
Providence, RI 02912
Phone: (401) 863-1119
Fax: (401) 863-3779
Web site: www.compact.org

CDC National Prevention Information Network (NPIN)
PO Box 6003
Rockville, MD 20849-6003
Phone: (800) 458-5231
TTY: (800) 243-7012
Fax: (888) 282-7681
E-mail: info@cdcnpin.org
Web site: www.cdcnpin.org

Center for AIDS Prevention Studies (CAPS)
74 New Montgomery
Suite 600
San Francisco, CA 94105
Phone: (415) 597-9100
Fax: (415) 597-9213
Web site: www.caps.ucsf.edu

Center for Sexuality and Religion (CSR)
987 Old Eagle School Rd
Suite 719
Wayne, PA 19087-1708
Phone: (610) 995-0341
Fax: (610) 995-0364
E-mail: CSR1988@aol.com
Web site: www.ctrsr.org

Community-Campus Partnerships for Health (CCPH)
3333 California St
Suite 410
San Francisco, CA 94118
Phone: (415) 476-7081
Fax: (415) 476-4113
E-mail: ccph@itsa.ucsf.edu
Web site:
www.futurehealth.ucsf.edu/ccph.html

Corporation for National and Community Service (CNCS)
1201 New York Ave NW
Washington, DC 20525
Phone: (202) 606-5000
Web site: www.cns.gov

Council of Chief State School Officers (CCSSO)
One Massachusetts Ave NW
Suite 700
Washington, DC 20001-1431
Phone: (202) 336-7033
Fax: (202) 408-8072
Web site: www.ccsso.org

Cross Cultural Health Care Program
1200 12th Ave S
Seattle, WA 98144
Phone: (206) 326-4161
Fax: (206) 326-2471
Web site: www.xculture.org

Division of Adolescent and School Health (DASH)
Centers for Disease Control and Prevention
4770 Buford Hwy NE
Atlanta, GA 30341-3724
Phone: (770) 488-3159
Fax: (770) 488-3110
Web site: www.cdc.gov/nccdphp/dash

Division of HIV/AIDS Prevention (DHAP)
Centers for Disease Control and Prevention
1600 Clifton Rd NE
Atlanta, GA 30333
Phone: (404) 639-2072
Fax: (404) 639-0910
E-mail: hivmail@cdc.gov
Web site: www.cdc.gov/hiv/dhap.htm

ETR Associates
PO Box 1830
Santa Cruz, CA 95061-1830
Phone: (800) 321-4407
Fax: (800) 435-8433
Web site: www.etr.org

Gay and Lesbian Medical Association (GLMA)
459 Fulton St
Suite 107
San Francisco, CA 94102
Phone: (415) 255-4547
Fax: (415) 255-4784
E-mail: info@glma.org
Web site: www.glma.org

Gay Men's Health Crisis (GMHC)
119 W 24th St
New York, NY 10011
Phone: (212) 367-1000
Hotline (800) AIDS-NYC (2237-662)
Fax: (212) 367-1020
Web site: www.gmhc.org

Girls Incorporated
Resource Center
441 W Michigan St
Indianapolis, IN 46202-3287
Phone: (317) 634-7546
Fax: (317) 634-3024
Web site: www.girlsinc.org

The Higher Education Center for Alcohol and Other Drug Prevention
55 Chapel St
Newton, MA 02158-1060
Phone: (800) 676-1730
Fax: (617) 928-1537
E-mail: HigherEdCtr@edc.org
Web site: www.edc.org/hec

HIV InSite
UCSF Positive Health Program
3180 18th St
Suite 301
San Francisco, CA 94110
E-mail: hivinsite@php.ucsf.edu
Web site: hivinsite.ucsf.edu

Learn and Serve America National Service-Learning Clearinghouse
P.O. Box 1830
Santa Cruz, CA 95061
Phone: (866) 245-7378
Fax: (831) 430-9471
Email: nslc@etr.org
Web site: www.servicelearning.org

Mautner Project for Lesbians with Cancer
1707 L St NW
Suite 500
Washington, DC 20036
Phone: (202) 332-5536
Fax: (202) 332-0662
Web site: www.mautnerproject.org

National Alliance for Hispanic Health
(formerly COSSMHO)
1501 16th St NW
Washington, DC 20036-1401
Phone: (202) 387-5000
Fax: (202) 797-4353
E-mail: alliance@hispanichealth.org
Web site: www.hispanichealth.org

National Association for Equal Opportunity in Higher Education (NAFEO)
8701 Georgia Ave
Suite 200
Silver Spring, MD 20910
Phone: (301) 650-2440
Fax: (301) 495-3306
E-mail: Nafeo@aol.com
Web site: www.nafeo.org

National Association of Student Personnel Administrators (NASPA)
1875 Connecticut Ave NW
Suite 418
Washington, DC 20009-5728
Phone: (202) 265-7500
Fax: (202) 797-1157
Web site: www.naspa.org

National Campaign to Prevent Teen Pregnancy
1776 Massachusetts Ave NW
Suite 200
Washington, DC 20036
Phone: (202) 478-8500
Fax: (202) 478-8588
E-mail: campaign@teenpregnancy.org
Web site: www.teenpregnancy.org

National Clearinghouse for Alcohol and Drug Information (NCADI)
Substance Abuse and Mental Health Services Administration
PO Box 2345
Rockville, MD 20847-2345
Phone: (800) 729-6686
Fax: (301) 468-6433
Web site: www.health.org

National Coalition Against Domestic Violence (NCADV)
PO Box 18749
Denver, CO 80218
Phone: (303) 839-1852
Fax: (303) 831-9251
Web site: www.ncadv.org

National Consortium of Lesbian, Gay, Bisexual, Transgender Resources in Higher Education
Contact information changes with leadership. See web site.
Web site: www.lgbtcampus.org

National Council of La Raza (NCLR)
1111 19th NW
Suite 1000
Washington, DC 20036
Phone: (202) 776-1746
Fax: (202) 776-1792
Web site: www.nclr.org

National Education Association Health Information Network (NEA HIN)
1201 16th St NW
Washington, DC 20036
Phone: (202) 822-7570
Fax: (202) 822-7775
E-mail: Neahin1@aol.com
Web site: www.neahin.org

National Institute on Drug Abuse (NIDA)
National Institutes of Health
6001 Executive Blvd
Room 5213
Bethesda, MD 20892-9561
Phone: (301) 443-1124
Fax: (301) 443-7397
E-mail: Information@lists.nida.nih.gov
Web site: www.drugabuse.gov

National Latina Health Network
1680 Wisconsin Ave NW
Second Floor
Washington, DC 20007
Phone: (202) 965-9633
Fax: (202) 965-9637
Web site: www.nationallatinahealth network.com

National Lesbian and Gay Task Force (NLGTF)
1700 Kalorama Rd NW
Washington, DC 20009-2624
Phone: (202) 332-6483
Fax: (202) 332-0207
Web site: www.ngltf.org

National Minority AIDS Council (NMAC)
1931 13th St NW
Washington, DC 20009
Phone: (202) 483-6622
Fax: (202) 483-1135
E-mail: info@nmac.org
Web site: www.nmac.org

National Native American AIDS Prevention Center (NNAAPC)
436 14th St
Suite 1020
Oakland, CA 94612
Phone: (510) 444-2051
Fax: (510) 444-1593
Web site: www.nnaapc.org

National School Boards Association (NSBA)
1680 Duke St
Alexandria, VA 22314
Phone: (703) 838-6722
Fax: (703) 548-5518
Web site: www.nsba.org

National Women's Health Information Center (NWHIC)
8500 Executive Park Ave
Fairfax, VA 22031
Phone: (800) 994-WOMAN (9662)
Fax: (703) 560-6598
E-mail: 4woman@soza.com
Web site: www.4women.gov

National Youth Advocacy Coalition (NYAC)
1638 R St NW
Suite 300
Washington, DC 20009
Phone: (202) 319-7596
Fax: (202) 319-7365
E-mail: nyac@nyacyouth.org
Web site: www.nyacyouth.org

Network for the Dissemination of Curriculum Infusion (NDCI)
Northeastern Illinois University
5500 N St Louis Ave
Chicago, IL 60625
Phone: (773) 794-6697
Fax: (773) 794-6243
E-mail: cinfusion@neiu.edu
Web site: www.neiu.edu/~cinfusi

Office of Minority Health Resource Center (OMHRC)
PO Box 37337
Washington, DC 20013-7337
Phone: (800) 444-6472
Fax: (301) 230-7198
Web site: www.omhrc.gov

Planned Parenthood Federation of America (PPFA)
810 Seventh Ave
New York, NY 10019
Phone: (212) 541-7800
Fax: (212) 245-1845
Web site: www.plannedparenthood.org

Rape, Abuse, and Incest National Network (RAINN)
635-B Pennsylvania Ave SE
Washington, DC 20003
Phone: (800) 656-HOPE (4673)
Fax: (202) 544-3556
E-mail: RAINNmail@aol.com
Web site: www.rainn.org

Rural Center for AIDS/STD Prevention
Indiana University
801 E 7th St
Bloomington, IN 47405-3085
Phone: (800) 566-8644
Fax: (812) 855-3717
E-mail: aids@indiana.edu
Web site: www.indiana.edu/~aids/

Sexuality Information and Education Council of the United States (SIECUS)
130 W 42nd St
Suite 350
New York, NY 10036-7802
Phone: (212) 819-9770
Fax: (212) 819-9776
Web site: www.siecus.org

Society for Adolescent Medicine (SAM)
1916 NW Copper Oaks Cir
Blue Springs, MO 64015
Phone: (816) 224-8010
Fax: (816) 224-8009
E-mail: sam@adolescenthealth.org
Web site: www.adolescenthealth.org

Society for Public Health Education
(SOPHE)
750 First St NE
Suite 910
Washington, DC 20002-4242
Phone: (202) 408-9804
Fax: (202) 408-9804
Mail: Info@sophe.org
Web site: www.sophe.org

Society for the Scientific Study of Sexuality (SSSS)
PO Box 416
Allentown, PA 18106
Phone: (610) 530-2483
Fax: (610) 530-2485
E-mail: thesociety@worldnet.att.net
Web site: www.sexscience.org

Student National Medical Association
(SNMA)
5113 Georgia Ave.
Washington, DC 20011
Phone: (202) 882-2881
Fax: (202) 882-2886
E-mail: snmamain@msn.org
Web site: www.snma.org

TransHealth and Education Development Program
100 Boylston St
Suite 860
Boston, MA 02116
Phone: (617) 988-2605 x211
Fax: (617) 988-2629
Web site: www.jri.org

United Negro College Fun[illegible] Special Programs (UNCFS[illegible]
8260 Willow Oaks Corporate Dr
PO Box 10444
Fairfax, VA 22031
Phone: (800) 331-2244
Fax: (703) 205-2053
Web site: www.uncfsp.org

APPENDIX B

Organizations by Indicator

The following matrix represents a list of organizations that can provide support or resources for each of the eight indicators discussed in this document. The matrix was assembled with self-identified information from each organization. Please see the preceding directory for contact information for each organization.

Organizations by Indicator

Organization	1 Campus Environment & Policy	2 Health Messages	3 Professional & Preprofessional Development	4 Student Leadership	5 Prevention Programs	6 Attending to Priority Populations	7 Health Services	8 Collaboration
Advocates for Youth				X	X	X		
AIDS Education Global Information System (AEGIS)	X	X	X	X	X	X	X	X
The AIDS Memorial Quilt-The NAMES Project Foundation			X	X	X	X		
Alan Guttmacher Institute (AGI)		X						
American Association for Health Education (AAHE)			X		X			X
American Association of Colleges for Teacher Education (AACTE)		X	X		X	X		X
American Association of Community Colleges (AACC)	X	X	X	X	X	X		X
American College Health Association (ACHA)	X	X	X	X	X	X	X	X
American College Personnel Association (ACPA)	X	X	X	X	X	X	X	X
American Medical Society for Sports Medicine (AMFSM)		X			X		X	
American Psychological Association (APA)		X			X	X		X
American School Health Association (ASHA)			X					X
Association of American Colleges and Universities (AAC&U)	X	X	X	X	X	X		X
The BACCHUS & GAMMA Peer Education Network		X		X	X			
Center for Sexuality and Religion (CSR)	X	X	X	X	X	X	X	X
CDC National Prevention Information Network (NPIN)						X		

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Organizations by Indicator (continued)

Organization	1 Campus Environment & Policy	2 Health Messages	3 Professional & Preprofessional Development	4 Student Leadership	5 Prevention Programs	6 Attending to Priority Populations	7 Health Services	8 Collaboration
Community-Campus Partnerships for Health (CCPH)	X	X	X		X	X		X
Council of Chief State School Officers (CCSCO)			X			X		X
ETR Associates		X			X	X		
Gay and Lesbian Medical Association (GLMA)		X			X	X	X	
Gay Men's Health Crisis (GMHC)		X			X	X	X	
Girls Incorporated						X		X
HIV InSite			X		X	X	X	X
Learn and Serve America National Service-Learning Clearinghouse				X	X			X
Mautner Project for Lesbians with Cancer		X				X		X
National Association for Equal Opportunity in Higher Education (NAFEO)	X	X	X	X	X	X		X
National Association of Student Personnel Administrators (NASPA)	X		X	X	X			X
National Coalition Against Domestic Violence (NCADV)								X
National Consortium of LGBT Resources in Higher Education	X		X	X				X
National Education Association Health Information Network (NEA HIN)				X	X			X
National Institute on Drug Abuse (NIDA)		X						
National Latina Health Network					X			X
National School Boards Association (NSBA)	X	X	X	X	X	X	X	X

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Organizations by Indicator (continued)

Organization	1 Campus Environment & Policy	2 Health Messages	3 Professional & Preprofessional Development	4 Student Leadership	5 Prevention Programs	6 Attending to Priority Populations	7 Health Services	8 Collaboration
National Youth Advocacy Coalition (NYAC)	X	X	X	X	X	X	X	X
Network for Dissemination of Curriculum Infusion (NDCI)	X				X			
Office of Minority Health Resource Center (OMHRC)					X	X		
Sexuality Information and Education Council of the US (SIECUS)		X	X		X			
Society for Adolescent Medicine (SAM)							X	
Society for Public Health Education (SOPHE)			X					
Society for the Scientific Study of Sexuality (SSSS)			X					
Student National Medical Association (SNMA)		X		X	X	X		X
TransHealth and Education Development Program	X	X	X		X	X	X	X
United Negro College Fund Special Programs Corporation (UNCFSPC)		X	X	X	X	X		X

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Worksheets

The following pages contain perforated sheets so that you may easily remove the worksheets from this book and make photocopies for campus use. For instructions and sample worksheets, see pages 8-11.

Indicator 1: Campus Environment & Policy
Campus Assessment Worksheet
Action Plan Worksheet

Indicator 2: Health Messages
Campus Assessment Worksheet
Action Plan Worksheet

Indicator 3: Professional and Preprofessional Development
Campus Assessment Worksheet
Action Plan Worksheet

Indicator 4: Student Leadership
Campus Assessment Worksheet
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Indicator 5: Prevention Programs
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Indicator 6: Attending to Priority Populations
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Indicator 7: Health Services
Campus Assessment Worksheet
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Indicator 8: Collaboration
Campus Assessment Worksheet
Action Plan Worksheet

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet

Indicator 1: Campus Environment and Policy

Campus Environment	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Does the institution's mission, vision, and value statements address student development and well-being?					
2. Does the institution encourage a campuswide commitment to healthy behaviors?					
3. Are there established protective measures that ensure the safety of those in the school environment?					
4. Is the campus climate safe and supportive of members of sexual, racial/ethnic, and other minority groups?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Campus Environment	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
5. Does the campus nondiscrimination policy protect individuals based on the following? • Disability status • HIV status • Sexual orientation					
6. Is there a mechanism to monitor complaints and ensure compliance with the nondiscrimination policy?					
7. Are health promotion programs adequately funded?					
8. Does the campus support the work of HIV and other health-related task forces or committees?					
9. Does the campus offer environmental interventions that support the health and well-being of the campus community?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

(Worksheet Continued) — Indicator 1: Campus Environment and Policy

General Health Policy Issues	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
10. Does the institution have policies that address the health of the campus community in the following areas? • HIV/AIDS • Alcohol, tobacco, and other drugs • Sexual assault					
11. Is there a plan for periodic review of the policies?					
12. Is there a mechanism to monitor complaints of policy violation and suggestions for policy changes?					
13. Do policies address the following? • Campus regulations, enforcement, sanctions, and reporting mechanisms • Campus and community resources and referrals • Programs and prevention interventions					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

HIV-Specific Policies	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
14. Do HIV or other appropriate policies address the following issues as they relate to HIV? • Athletic and intramural sports participation • Confidentiality • Condom availability • Counseling, testing, and referral services • Discrimination • Education and prevention interventions • Housing • International education and/or other travel issues[24] • Personnel • Services for HIV-infected persons • Staff training on blood-borne pathogens and universal precautions					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

(Worksheet Continued) — Indicator 1: Campus Environment and Policy

Compliance	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
15. Do campus health-related policies and procedures comply with the following? • Family Education Rights and Privacy Act of 1974 (FERPA). US Dept. of Education • Safe and Drug-Free Schools and Communities Act (Title IV of Improving America's Schools Act of 1994). US Dept. of Education • Higher Education Amendments of 1998 (HR6). US Dept. of Education • Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). US Dept. of Labor • Americans With Disabilities Act of 1990 (ADA). US Dept. of Justice					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Compliance	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
15. (continued) Do campus health-related policies and procedures comply with the following? • Family and Medical Leave Act of 1993 (FMLA). US Dept of Labor • Health Insurance Portability and Accountability Act of 1996 (HIPAA). US Dept. of Health and Human Services • Occupational Safety and Health Administration (OSHA) regulations for blood-borne pathogen guidelines, universal precautions training, and exposure control plan. US Dept. of Labor • Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome (CDC) • Local and state HIV-reporting requirements					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 1: Campus Environment and Policy

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet
Indicator 2: Health Messages

HIV-Prevention Messages	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Does the institution have prevention messages addressing the following? ◦ Sexual behaviors that contribute to unintended pregnancy and STDs, including HIV infection ◦ Alcohol and other drug use ◦ Sexual assault					
2. Are prevention messages conspicuously available on campus?					
3. Are prevention messages accurate?					
4. Are prevention messages clear?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

HIV-Prevention Messages	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
5. Are prevention messages consistent throughout the institution?					
6. Are prevention messages tailored to reach specific at-risk populations?					
7. Are prevention messages culturally appropriate for the intended audiences?					
8. Are prevention messages delivered in a variety of formats?					
9. Are HIV-prevention messages integrated into broader contexts, such as sexual health and substance abuse?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

(Worksheet Continued) — Indicator 2: Health Messages

HIV-Prevention Messages	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
10. Are prevention messages positive, inclusive, and empowering?					
11. Are prevention messages infused across the curriculum?					
12. Do other campus messages compete with or contradict HIV prevention messages?					
13. Are HIV-prevention messages consistent with the mission of the institution? (See Indicator 1.)					
14. Do HIV-prevention messages use effective approaches? (See Indicator 5.)					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 2: Health Messages

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet

Indicator 3: Professional and Preprofessional Development

Professional Development	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Are there systems in place to educate faculty, staff, and administrators about the following? • Campus health-related policies • Campus health promotion strategies • Roles and responsibilities for campus health promotion • Diversity • HIV/AIDS • Other sexual health issues • Substance abuse issues • On- and off-campus resources • Referral mechanisms					
2. Is specialized HIV training offered for staff in the following areas? • Athletic department • Campus health services • Campus ministries and religious organizations					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Professional Development	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
2. *(continued)* Is specialized HIV training offered for staff in the following areas? • Counseling center • Disability support services • Employee assistance programs • Greek system • Human resources • Resident life • Sexual assault services • Other student affairs departments					
3. Is there training for appropriate students, faculty, staff, and administrators in OSHA guidelines for managing body fluids (universal precautions)?					
4. Are professional development opportunities evaluated for effectiveness?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Preprofessional Development	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
5. Are there systems in place to educate pre-service faculty, staff, and administrators about HIV prevention and related health issues? • Education • Health • Behavioral science					
6. Do programs that prepare education, health, and behavioral science professionals offer the following opportunities? • HIV/AIDS curriculum modules • Stand-alone HIV/AIDS courses • Collaborative opportunities to work with other education, government, and nonprofit organizations on HIV/AIDS as it relates to the discipline/field of study • Opportunities for HIV/AIDS-related service					
7. Are preprofessional development opportunities evaluated for effectiveness?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 3: Professional and Preprofessional Development

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet
Indicator 4: Student Leadership

Student Leadership	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Are students involved in planning, implementing, and evaluating HIV-prevention strategies?					
2. Are HIV training programs presented to the following student leaders on campus? • Fraternity and sorority members • Honors students • Informal leaders • Orientation advisors • Resident life staff • Student athletes • Student government association officers • Student organization leaders					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

(Worksheet Continued) — Indicator 4: Student Leadership

Student Leadership	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
3. Are students trained to identify, confront, and refer students engaging in high-risk behaviors?					
4. Are key opinion leaders (formal and informal) used to influence health behaviors on campus?					
5. Are student peer education programs offered on campus?					
6. Are opportunities for health-related service learning available and supported?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 4: Student Leadership

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet

Indicator 5: Prevention Programs

Program Planning and Evaluation Process	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Are systematic program planning and implementation models including the following used to develop prevention programs? • Data collection • Needs assessment • Development of goals and objectives • Program delivery ◦ Evaluation • Outcome analysis ◦ Quality improvement activities ◦ Record keeping • Reporting					
2. Are your HIV-prevention programs: ◦ Based on techniques that have been proven effective? ◦ Culturally appropriate?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

(Worksheet Continued) — Indicator 5: Prevention Programs

Program Planning and Evaluation Process	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
3. Do your HIV-prevention programs: • Embed HIV into broader contexts (e.g., sexual health, substance abuse, sexual assault, communication skills, relationship issues)? • Use a combination of teaching methods? • Encourage students to personalize information by providing open discussions and opportunities for reflection? • Address social pressures and media influences? • Provide opportunities to practice communication, negotiation, and refusal skills? • Provide training for teachers, peer educators, and other leaders? • Involve students, faculty, administration, staff, and community members? • Include individual as well as community-level interventions?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

(Worksheet Continued) — Indicator 5: Prevention Programs

Campus Prevention Strategies	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
4. Are topics such as HIV/AIDS and related issues infused throughout the curriculum?					
5. Are the following environmental interventions offered on campus? • Wellness or substance-free housing options • Alcohol-free social activities • Condom availability					
6. Are student peer education programs offered on campus?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Campus Prevention Strategies	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
7. Are health-related service learning and other experiential learning opportunities available to students?					
8. Are programs designed to promote healthy campus norms and reduce misperceptions about risk behaviors?					
9. Are awareness activities such as World AIDS Day, the NAMES Project AIDS Memorial Quilt, Sexual Responsibility Week, Alcohol Awareness Week, and National Condom Week offered on campus?					
10. Are Web sites, CD-ROM programs, or other technology used in prevention programming?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 5: Prevention Programs

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet

Indicator 6: Attending to Priority Populations

Attending to Individuals Engaging in High-Risk Behaviors	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Are campus staff trained to identify students engaging in high-risk behaviors and make appropriate referrals?					
2. Is follow-up counseling provided for students who are engaging in high-risk behaviors (identified by staff or self-identified)?					
3. Do appropriate campus staff encourage HIV testing and counseling for students who have: • been sexually assaulted • requested a pregnancy test • been diagnosed with an STD • requested emergency contraception • experienced an alcohol/other drug-related incident					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Attending to Subpopulations	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
4. Are there HIV-prevention programs that meet the needs of the following priority subpopulations? • Men who have sex with men • African Americans • Hispanics • Women • Youth • Other					
5. Are there HIV-prevention programs that meet the needs of these other populations? • American Indians/Alaskan Natives • Asians and Pacific Islanders					
6. Are students, particularly of priority subpopulations, involved in designing, implementing, and evaluating prevention programs?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

(Worksheet Continued) — Indicator 6: Attending to Priority Populations

Attending to Subpopulations	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
7. Are prevention programs relevant to the target audience and delivered in a culturally appropriate manner?					
8. Are issues of racism, sexism, homophobia, heterosexism, socio-economic status, and HIV-related discrimination addressed on campus and in HIV programming?					
9. Do programmers partner with on- and off-campus organizations and groups to reach priority populations?					
10. Once targeting priorities have been established, does resource allocation reflect those priorities?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 6: Attending to Priority Populations

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet

Indicator 7: Health Services

Health Services	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Are the following services available (on campus or by referral) to students? • Clinical care for students living with HIV disease • Condom availability • Counseling services • Emergency contraception • HIV counseling, testing, and referral services • Pregnancy prevention, testing, and referral • Sexual assault services • STD testing, treatment, and counseling • Substance abuse treatment					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

Health Services	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
2. Are the services listed above: ◦ Accessible? ◦ Affordable? ◦ Well publicized?					
3. Do the health service policies ensure confidential care?					
4. Are health service staff working collaboratively with community agencies to provide services?					
5. Is there an up-to-date referral list of local organizations that address vital health needs?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 7: Health Services

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

See instructions and sample on pp 8-11

Date: _____

Campus Assessment Worksheet

Indicator 8: Collaboration

Collaboration	Yes, No, or N/A	Sources of Evidence	Self-Appraisal (5-1)	Comments	Action (1-3)
1. Do campus HIV-prevention programs use the following collaborative relationships? • Within campus (between departments and programs) • With other campuses • With AIDS service organizations • With community-based organizations • With local health departments • With federal agencies • With state or local education agencies					
2. Does the institution support HIV-prevention activities that involve more than one group or department?					

LEGEND

Self-Appraisal: 5-Excellent; 4-Very good; 3-Good; 2-Fair; 1-Poor

Action: 1-Action is needed within 1 year; 2-Action is needed, but not within 1 year; 3-No additional or special action is needed.

See instructions and sample on pp 8-11

Date: _____

Action Plan Worksheet

Indicator 8: Collaboration

Action	Lead Person	Due Date	Comments
1.			
2.			
3.			

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